

(1) PLACE OF BIRTH

County of CharlestonTownship of Charlestonor
Inc. Town of Charlestonor
City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Unnamed

File No. — For State Registrar Only

71760

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A Registered No. 892

(For use of Local Registrar)

King St.

Ward

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

4

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug.

20,

191-6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Francis Patrick Duffy

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Clarendon County

(13) OCCUPATION

Jeweller

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Catherine O'Brien

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39

(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6.30 P.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

191...

(28)

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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McGraw-Hill Publishing Co., Inc. 1221 Avenue of the Americas, New York 10, N.Y. FIRST-BORN, No. 1, BLUE COVER, No. 2, etc., in question 5. WITH PLAIN, WITH UNFOLDING ENVELOPE IN A RUBBER-BAND BLANK FOR each child, and mark the No. 2 in case of TWINS or TRIPLETS.