

WRITED PLAINLY. WITH UNFADING INK—FILL IN A TABULATED RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 5.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGraw-Hill of Columbia

(1) PLACE OF BIRTH
County of Charleston
Township of St. Phillips St. Michaels
or
Inc. Town of
or
City of Charleston (No. 3 mile St.; 3 mile Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
88855

(2) Full Name of Child Cyprus J. Mrs. Mrs. Gallig White (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH December 3, 1916 (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Gallig White</u>	(14) NAME BEFORE MARRIAGE <u>Florence Smith</u>	(15) PRESENT POSTOFFICE OF FATHER <u>3 mile</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>3 mile</u>
(10) COLOR OR RACE <u>Col.</u>	(16) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Char. S. C.</u>	(18) BIRTHPLACE <u>Charleston S. C.</u>	(13) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. M. C. C. C.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Charleston S. C.

Given name added from a supplemental report

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

(27) Filed Dec. 10, 1916 (28) C. F. Myers 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.

before the fifth month of pregnancy.