

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

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| (1) PLACE OF BIRTH County of Charleston | | CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health | | File No.—For State Registrar Only 76039 | |
| Township of | | Inc. Town of Charleston | | Registration District No. 9A Registered No. 1030 | |
| City of Charleston (No. 106 Huffard) | | (For use of Local Registrar) | | | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | | |
| (2) Full Name of Child Era Louise Vane | | | | If child is not yet named, make supplemental report as directed | |
| (3) Boy or GIRL? | (4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Sept. 2 191 6 <small>(Name of Month) (Day) (Year)</small> | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME Otto Louis Vane | | | (14) NAME BEFORE MARRIAGE Fannie Lou Jackson | | |
| (9) PRESENT POSTOFFICE OF FATHER Charleston SC | | | (15) PRESENT POSTOFFICE OF MOTHER Charleston SC | | |
| (10) COLOR OR RACE W. | | (11) AGE AT LAST BIRTHDAY 26 (Years) | (16) COLOR OR RACE W. | | (17) AGE AT LAST BIRTHDAY 22 (Years) |
| (12) BIRTHPLACE Germany | | | (18) BIRTHPLACE So. Ca. | | |
| (13) OCCUPATION Mechanic | | | (19) OCCUPATION House work | | |
| (20) Number of children born to mother, including present birth { 1 } | | | (21) Number of children of this mother now living, including present birth { 1 } | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was born alive at 11 P on the date above stated. (Hour M. or P. M.) | | | | | |
| (23) (Signature) C. J. Allen Smith | | | | | |
| (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 439 Meeting St. | | | | | |
| Given name added from a supplemental report | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | |
|, 191..... | | | (27) Filed 9/3/16 (28) Local Registrar | | |
| 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.