

MARGIN RESERVED FOR BINDING. 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.

(1) PLACE OF BIRTH  
County of Charles ton  
Township of .....  
or  
Inc. Town of .....  
or  
City of Charleston  
(If birth occurs in a hospital or other institution, give name of street and number.)

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

File No.—For State Registrar Only  
**75982**

Registration District No. 9A Registered No. 961  
(For use of Local Registrar)

(2) Full Name of Child..... Baby Sadlach } 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 13, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Fred Sadlach  
(9) PRESENT POSTOFFICE OF FATHER 22, Radcliffe Place Charleston, S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Poland  
(13) OCCUPATION Motor man  
(20) Number of children born to mother, including present birth { ..... 1 .....

MOTHER.  
(14) NAME BEFORE MARRIAGE Jose Young  
(15) PRESENT POSTOFFICE OF MOTHER 22, Radcliffe Place Charleston, S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Poland  
(19) OCCUPATION House Wife  
(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 11:05 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) H.C. Ketchum M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Roper Hospital  
Charleston, S.C.

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 9/15/16 191..... (28) J. Mc... 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.