

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 <u>Charles Town</u> Township of <u>"</u> or Inc. Town of <u>Charleston</u> City of <u>Charleston</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 75982	
(2) Full Name of Child <u>Baby Sadlach</u>		Registration District No. <u>9A</u>		Registered No. <u>961</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 13, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Fred Sadlach</u>			(14) NAME BEFORE MARRIAGE <u>Jose Young</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>22, Radcliffe Place, Charles Town, W. Va.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>22, Radcliffe Place, Charles Town, W. Va.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Poland</u>			(18) BIRTHPLACE <u>Poland</u>		
(13) OCCUPATION <u>Motor man</u>			(19) OCCUPATION <u>House Wif</u>		
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>11:05</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>H. C. Ketchum M.D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician</u> <u>Roper Hospital, Charles Town, W. Va.</u>					
Given name added from a supplemental report, 191.....			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>9/15/16</u> (28) <u>J. McNeill</u> 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.