

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 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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45569

Registration District No. 9X Registered No. 61

(For use of Local Registrar)

(No. #85 Queen St. St.; Ward)(2) Full Name of Child Un-named If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are <u>Yes</u> Parents Married?	(7) DATE OF BIRTH <u>1-17-6</u>
<small>In the registered only in event of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME Clarence Gilmore Thompson(9) PRESENT POSTOFFICE OF FATHER Charleston, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Richmond, Va.(13) OCCUPATION Mechanic.(20) Number of children born to mother, including present birth 1st.

MOTHER.

(14) NAME BEFORE MARRIAGE Bresnihan. Catherine Aloynius(15) PRESENT POSTOFFICE OF MOTHER Charleston.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Charleston, S. C.(19) OCCUPATION Housewife.(21) Number of children of this mother now living, including present birth 1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. A. Vanderhorst(24) State whether Physician or Midwife Physician. (25) Address of Physician or Midwife #4 Vanderhorst St.

Given name added from a supplemental report

, 1st.

Registrar

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

(27) Filed 1/28/6 (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.