

FORM NO. 6

MARGIN RESERVED FOR BINDING G.

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

Charleston

Township of

St. Phillips

OR
Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 909

Registered No. 145

OR
at

"4 mile House" Meeting Road

(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 Baby Mappus

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? —

(5) Number in order of birth —

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 20 1916

FATHER.

MOTHER.

(8) FULL NAME Theodore W Mappus

(14) NAME BEFORE MARRIAGE Lottie J. Richter

(9) PRESENT POSTOFFICE OF FATHER 4 mile House, Charleston

(15) PRESENT POSTOFFICE OF MOTHER 4 mile House, Charleston

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45 1/2 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 38 1/2 (Years)

(12) BIRTHPLACE Germany

(18) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Grocer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. Rhame, M.D.

(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 mark)

(27) Filed Sept. 30 1916 (28) G. 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.