

MADE 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 .....

or

Inc. Town of .....

or

City of ...Charleston... (No. 118 Queen St.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joan Elizabeth Ehrhardt

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?

(7) DATE OF BIRTH Feb. 18, 1916

FATHER.

(8) FULL NAME William A. Ehrhardt

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION

Cotton Broker

(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Helen Blake Craig

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Augusta, Ga.

(19) OCCUPATION

Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) A. J. Quist, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 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 3/2/16

(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.

Registrar.