

M.D.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.
McCaw, of Columbia.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

(1) PLACE OF BIRTH
County of Charleston,
Township of
or
Inc. Town of Registration District No. 9A
or
City of Charleston (No. 118 Queen St. St.: Ward:
(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

File No. 48296 For State Registrar Only

(3) <input type="checkbox"/> BOY <input checked="" type="checkbox"/> GIRL	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth	(6) Are <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Parents Married?	(7) DATE OF BIRTH <u>Feb. 18, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William A. Ehrhardt</u>			(14) NAME BEFORE MARRIAGE <u>Helen Blake Craig</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>Germany</u>			(18) BIRTHPLACE <u>Augusta, Ga.</u>	
(13) OCCUPATION <u>Cotton Broker</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated.
(If born alive or stillborn) (Hour A. M. or P. M.)

(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
....., 191....
.....
.....
Registrar

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

(27) Filed 3/3 1916 (28) A. J. Quist, M.D.
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. 126. 11/1/27