

FORM NO. 5. 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 8. McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 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  
**45556**

Registration District No. 9A Registered No. 76  
 (For use of Local Registrar)  
 No. 34 Ried St. 9 Ward  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child. John Harold Shier

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 22 1916  
Is to be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John T. Shier  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
 (12) BIRTHPLACE Charleston S.C.  
 (13) OCCUPATION Policeman  
 (20) Number of children born to mother, including present birth 7

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Marion McNaughton  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
 (18) BIRTHPLACE Charleston S.C.  
 (19) OCCUPATION House Keeper  
 (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 alive at 9 ..... 9 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Mrs. A. Brunton  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 67 Harris St

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 1/26 1916 (28) J. Mercer Green, Jr. 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.