

## (1) PLACE OF BIRTH

County of Charles ton

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.)

(2) Full Name of Child Catherine E. Eversum { 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 Dec. 26, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jay O. Eversum(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Maine(13) OCCUPATION Newspaper Business(20) Number of children born to mother, including present birth { 3 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Maude Lee Withers(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Maine(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 3 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert A. Johnson(24) State whether Physician or Midwife (25) Address of Physician or Midwife 16 S. Rutledge AveGiven name allied from a supplemental report11/1/14 191Thos. P. Lescuyer  
Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 1/3 1917 (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.

If a child is reported as stillborn, no report is desired of stillbirths before the fifth month of pregnancy.

File No.—For State Registrar Only

88773

Registered No. 1465

(For use of Local Registrar)

St.; ..... Ward

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

RECEIVED BY THE REGISTRAR OF BIRTHS, DEATHS AND MARRIAGES, CHARLESTON, S.C. THIS OFFICE IS OPEN DURING THE DAY, MONDAY THROUGH SATURDAY, FROM 9 O'CLOCK TO 5 O'CLOCK. SUNDAY, FROM 12 O'CLOCK TO 5 O'CLOCK. IN CASE OF EMERGENCY, THE REGISTRAR CAN BE REACHED BY PHONE AT ANY TIME. THE REGISTRAR IS NOT RESPONSIBLE FOR THE LOSS OF ANYTHING LEFT IN HIS OFFICE. THE REGISTRAR IS NOT RESPONSIBLE FOR THE LOSS OF ANYTHING LEFT IN HIS OFFICE.