

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.  
 STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston  
 or  
 Township of St. Phillips  
 or  
 Inc. Town of St. Michaels  
 or  
 City of Charleston

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**88860**

Registration District No. 909

Registered No. 167  
 (For use of Local Registrar)

(2) Full Name of Child

Infant Daughter of Mr. & Mrs. J. P. Poole

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 21 16  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (Supplemental report as directed)

**FATHER.**

(8) FULL NAME Jesse Poole  
 (9) PRESENT POSTOFFICE OF FATHER 3 mil  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22  
 (12) BIRTHPLACE Char S.C.  
 (13) OCCUPATION laborer  
 (20) Number of children born to mother, including present birth one

**MOTHER.**

(14) NAME BEFORE MARRIAGE Miriam Berry  
 (15) PRESENT POSTOFFICE OF MOTHER 3 mil  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 15  
 (18) BIRTHPLACE Char S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alma at 4 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phyllis M. McLean  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Char 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 Dec 24 16 (28) L. 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.