

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 3.
McCaw, of Columbia

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of

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

45544

Registration District No. 9A Registered No. 89

(For use of Local Registrar)

St. W. B. Ward

(2) Full Name of Child. Boby Smith

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

(3) ~~Boy or~~
GIRL?

(4) Twin
or Triplet?

(5) Number in
order of birth

To be answered only in case of Twins or Triplets

(6) Are
Parents
Married? 40

(7) DATE OF
BIRTH 1-26-6
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Mundack Slater

(9) PRESENT
POSTOFFICE
OF FATHER Darkeban

(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 30
(Years)

(12) BIRTHPLACE
Charleston Co.

(13) OCCUPATION

Premer

(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Miss Ethel Smith

(15) PRESENT
POSTOFFICE
OF MOTHER 63 Washington St

(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 20
(Years)

(18) BIRTHPLACE
Bamberg Co. S.C.

(19) OCCUPATION

Darkeban

(21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:45 P. M.,
on the date above stated. (Hour & M. or P. M.)

(23) (Signature) Booby Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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Registrar

(26) Witness

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

(27) Filed 4-28-6

(28) J. Meredit Green 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.