

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

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)

(2) Full Name of Child. Bobly 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 (6) Are Parents Married? no (7) DATE OF BIRTH 1-26-6
 Take answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mundack Slater

(9) PRESENT POSTOFFICE OF FATHER Dartmouth

(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 G 3 Washington St

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (Years)

(18) BIRTHPLACE Bamberg Co. S.C.

(19) OCCUPATION Dentist

(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 or stillborn at 2:45 P. M., on the date above stated. (Hour & M. or P. M.)

(23) (Signature) Bobly Smith

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

Given name added from a supplemental report

(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.