

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of St. James

State Board of Health

File No. For State Registrar Only

59055

(2) Inc. Town of Mt. Pleasant Registration District No. 906 Registered No. 34

(For use of Local Registrar)

City of Charleston (No. 1 St. 1 Ward 1)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Aunie German { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 14</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME <u>Aunie German</u>	(14) NAME BEFORE MARRIAGE <u>Punchie Maych</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Mt. Pleasant</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mt. Pleasant</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>
(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Charleston</u>	(18) BIRTHPLACE <u>Charleston</u>
(13) OCCUPATION <u>W. H.</u>	(19) OCCUPATION <u>cook</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. S. S. S.

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

Midwife Mt. Pleasant

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 7, 1916 (28) Wes E. Beckman
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.

WRITING PLAINLY. WITH INK AND A PEN. THIS IS A PERMANENT RECORD. SEPARATE BLANKS FOR EACH CHILD. MARK THE M. NUMBER OF TWINS OR TRIPLETS WHEN SEPARATE BLANKS ARE NOT OBTAINED. NO. 1. FIRST BORN. NO. 2. SECOND BORN. NO. 3. THIRD BORN. NO. 4. FOURTH BORN. NO. 5. FIFTH BORN. NO. 6. SIXTH BORN. NO. 7. SEVENTH BORN. NO. 8. EIGHTH BORN. NO. 9. NINTH BORN. NO. 10. TENTH BORN. NO. 11. ELEVENTH BORN. NO. 12. TWELFTH BORN. NO. 13. THIRTEENTH BORN. NO. 14. FOURTEENTH BORN. NO. 15. FIFTEENTH BORN. NO. 16. SIXTEENTH BORN. NO. 17. SEVENTEENTH BORN. NO. 18. EIGHTEENTH BORN. NO. 19. NINETEENTH BORN. NO. 20. TWENTIETH BORN. NO. 21. TWENTY-FIRST BORN. NO. 22. TWENTY-SECOND BORN. NO. 23. TWENTY-THIRD BORN. NO. 24. TWENTY-FOURTH BORN. NO. 25. TWENTY-FIFTH BORN. NO. 26. TWENTY-SIXTH BORN. NO. 27. TWENTY-SEVENTH BORN. NO. 28. TWENTY-EIGHTH BORN. NO. 29. TWENTY-NINTH BORN. NO. 30. THIRTIETH BORN.