

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 5.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charles Lee  
 Township of .....  
 OR  
 Inc. Town of Charleston  
 OR  
 City of Charleston  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**76018**

Registration District No. 9A Registered No. 1009  
 (For use of Local Registrar)  
 (No. Robert Hospital St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bobby Greene } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Sept 20 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Robert Caples

(9) PRESENT POSTOFFICE OF FATHER 106 King St Charleston S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE Ladys Island S.C.

(13) OCCUPATION Common Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Floa Greene

(15) PRESENT POSTOFFICE OF MOTHER 106 King St Charleston S.C.

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

(18) BIRTHPLACE Johns Island S.C.

(19) OCCUPATION House Wife

(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 .....  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) K.C. Feltner M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Robert Hospital

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

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

(27) Filed 9/25/16 1916 (28) J. M. ... 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.