

Combined in duplicate with UNFOLDING FOLIO—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
McGraw-Hill of Columbia.

(1) PLACE OF BIRTH
County of *Charleston*
Township of *Charleston*

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

File No.—For State Registrar Only
84652

Inc. Town of Registration District No. *9A* Registered No. *1282*
(For use of Local Registrar)
City of *Charleston D.C.* (No. *112*, America, *St.* 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. *Clarence J. Gercopely* } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Nov. 4*, 19*16*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Clarence J. Gercopely*

(9) PRESENT POSTOFFICE OF FATHER *112. America. St.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *26* (Years)

(12) BIRTHPLACE *Charleston D.C.*

(13) OCCUPATION *Boiler Maker. Helper.*

(20) Number of children born to mother, including present birth *4*

MOTHER.
(14) NAME BEFORE MARRIAGE *Ruby Cox*

(15) PRESENT POSTOFFICE OF MOTHER *112. America St*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23* (Years)

(18) BIRTHPLACE *Charleston D.C.*

(19) OCCUPATION *house keeper*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *9.30* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Miss S. W. Knicker*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *89 Nassau St*

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 *11/20* 191*6* (28) *J. Mercis Green* 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.

Registrar

Filed *Nov. 10/24/16*