

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.  
 of Columbia.

(1) PLACE OF BIRTH  
 County of *Charleston*  
 Township of *Charleston*  
 or  
 Inc. Town of ..... Registration District No. *9A*  
 or  
 City of *Charleston, D.C.* (No. *112, America, St.*) Registered No. *1787*  
 (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  
**84652**

(2) Full Name of Child. *Galene Inez Bercopey* } 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, 1916*  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME *Clarence J. Bercopey*  
 (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 1916* (28) *J. Mercis Green, Jr., 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.

Filed *Nov. 10/24/16*  
 Registrar