

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston S.C.</u>		STATE OF SOUTH CAROLINA.		45595	
Township of		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of		Registration District No.		Registered No. <u>33</u>	
OR				(For use of Local Registrar)	
City of <u>Charleston</u>		(No. <u>87</u> Washington		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 <u>Julius E. Marion</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 7th 1916</u>	
		<small>(To be numbered only in case of Twins or Triplets)</small>		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Julius Marion</u>			(14) NAME BEFORE MARRIAGE <u>Pattie Coakum</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>		(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>	
		(Years)			(Years)
(12) BIRTHPLACE <u>Cainhoy S.C.</u>			(18) BIRTHPLACE <u>Charleston S.C.</u>		
(13) OCCUPATION <u>Labourer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> , at <u>4:00</u> A.M., on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>R. H. La Roche</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
<u>Physician</u>			<u>Roper Hospital, City</u>		
(26) Witness			(27) Filed <u>1/17</u> 191 <u>6</u> (28) <u>J. M. ...</u> Local Registrar		
(Given name added from a supplemental report, 191....)					
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.