

## (1) PLACE OF BIRTH

County of CharlestonTownship of Hammer

Inc. Town of .....

City of .....

(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

74754

Registration District No. Hwy 2 B Registered No. 199  
(For use of Local Registrar)

## (2) Full Name of Child.

Isaac Fawcett

If child is not yet named, make supplemental report as directed

(3) BOY OR

Girl

(4) Twin

or Triplet?

Yes

(5) Number in

order of birth

1

(6) Are

Parents

Married? Yes

(7) DATE OF

BIRTH

Aug. 241916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL

NAME

Alfred F. Fawcett

(9) PRESENT

POSTOFFICE

OF FATHER

Charleston S.C.

(10) COLOR

OR

RACE

Caucasian

(11) AGE AT LAST

BIRTHDAY

37

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) Number of children born to

mother, including present birth

9

## MOTHER.

(14) NAME BEFORE

MARRIAGE

Maggie Crake

(15) PRESENT

POSTOFFICE

OF MOTHER

Charleston S.C.

(16) COLOR

OR

RACE

Caucasian

(17) AGE AT LAST

BIRTHDAY

33

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother

now living, including present birth

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 10 P.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

Mary H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Charleston S.C.

Given name added from a supplement

tal report

19161916

Registrar

(26) Witness

(Signature of Witness necessary only

when question 23 is signed by mark)

(27) Filed

sep. 61916(28) W. W. Painter

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.