

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(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

75987

Registration District No.

Registered No.

(For use of Local Registrar)

City of Charleston (No. 3. McIntosh St.; Ward)(2) Full Name of Child Mattie McPherson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 15th 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Franklin McPherson

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Coloured

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Labourer

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

{ ... 3

MOTHER.

(14) NAME BEFORE MARRIAGE

Louisa Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Coloured

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Middleburg S. C.

(19) OCCUPATION

Housewife

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

{ ... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. H. Edwards

(24) State whether Physician or Midwife

M. D.

(25) Address of Physician or Midwife

88 Calhoun 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

9/16/16

(28)

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.