

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.

PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

45692

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.)  
 (No. 20 Wentworth St.; ..... Ward)

Registration District No. .... Registered No. 22  
 (For use of Local Registrar)

(2) Full Name of Child George Wurthmann

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? .....	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small> <u>5th</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 5 1888</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME George W. Wurthmann

(9) PRESENT POSTOFFICE OF FATHER 20 Wentworth St.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 54  
(Years)

(12) BIRTHPLACE Charleston, S.C.

(13) OCCUPATION Railway mail clerk

(20) Number of children born to mother, including present birth { ..... 5th .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Amanda Kovalasky

(15) PRESENT POSTOFFICE OF MOTHER 20 Wentworth St.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
(Years)

(18) BIRTHPLACE Warsaw, Russia

(19) OCCUPATION House wife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:40 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah A. Loxie  
 (24) State whether Physician or Midwife Midwife  
 (25) Address of Physician or Midwife No 10 2d St Charleston SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/10/88 (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.