

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 County of <u>Charleston</u> Township of <u>"</u> or Inc. Town of <u>"</u> or City of <u>Charleston</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(2) Full Name of Child <u>Baby Sweetie</u>	
(3) BOY OR GIRL? <u>Girl</u>		(4) Twin or Triplet? <u>No</u>	
(5) Number in order of birth <u>1</u> To be answered only in event of Twins or Triplets		(6) Are Parents Married? <u>Yes</u>	
(7) DATE OF BIRTH <u>Sept. 15, 1916</u> (Name of Month) (Day) (Year)		(8) Full Name of Child <u>Baby Sweetie</u>	
(9) FATHER'S FULL NAME <u>D. K.</u>		(10) MOTHER'S NAME BEFORE MARRIAGE <u>Ellen Sweetie</u>	
(11) PRESENT POSTOFFICE OF FATHER <u>D. K.</u>		(12) PRESENT POSTOFFICE OF MOTHER <u>D. K.</u>	
(13) COLOR OR RACE <u>A. K.</u>		(14) AGE AT LAST BIRTHDAY <u>D. K.</u> (Years)	
(15) BIRTHPLACE <u>D. K.</u>		(16) COLOR OR RACE <u>Negro</u>	
(17) OCCUPATION <u>D. K.</u>		(18) AGE AT LAST BIRTHDAY <u>D. K.</u> (Years)	
(19) BIRTHPLACE <u>D. K.</u>		(20) OCCUPATION <u>D. K.</u>	
(21) Number of children born to mother, including present birth <u>D. K.</u>		(22) Number of children of this mother now living, including present birth <u>D. K.</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
(23) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>8:15 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)			
(24) (Signature) <u>A. C. K. K. K.</u>		(25) Address of Physician or Midwife <u>Physician</u>	
(26) State whether Physician or Midwife <u>Physician</u>		(27) Address of Physician or Midwife <u>Roper Hospital</u>	
(28) Given name added from a supplemental report <u>Charleston, S. C.</u>		(29) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Charleston, S. C.</u>	
(30) Filed <u>9/20/16</u>		(31) 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.