

FORM NO. 5.

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

Charleston S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

75980

Amended P-1 MAY 13 1979

Township of

or Inc. Town of

Charleston S.C.

Registration District No.

Registered No.

(For use of Local Registrar)

City of

Charleston S.C. (No. 8 mergers det. St.; 8 Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Helen Bee

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

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept. 12, 1976 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

William Bee

(14) NAME BEFORE MARRIAGE

Christiana Edwards

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

31 (Years)

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

Charleston S.C.

(18) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Carpenter

(19) OCCUPATION

Housekeeper

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

Four

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive or stillborn at 4:20 P.M. (Hour A.M. or P.M.)

(23) (Signature)

Blaise J. Fuller

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

69 Comings St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9/15/76

(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.