

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		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Charleston S.C.</u>		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		75980	
Township of .....		Inc. Town of .....		Amended P-1 MAY 13 1979	
or City of <u>Charleston S.C.</u> (No. <u>8</u> )		Registration District No. <u>9A</u>		Registered No. <u>75980</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Mayers St.		St.; ..... Ward	
(2) Full Name of Child. <u>Heleen Bee</u>		{ If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 12, 1976</u>	
To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>William Bee</u>	(14) NAME BEFORE MARRIAGE <u>Christianna Edwards</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>				
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Charleston S.C.</u>	(18) BIRTHPLACE <u>Charleston S.C.</u>				
(13) OCCUPATION <u>Carpenter</u>	(19) OCCUPATION <u>Housekeeper</u>				
(20) Number of children born to mother, including present birth <u>Four</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>4:20 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Eliza J. Fuller</u>		(25) Address of Physician or Midwife <u>69 Comings St.</u>			
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report .....		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>9/15/76</u>			
..... 191.....		(27) Filed <u>9/15/76</u> (28) <u>J. M. ...</u> Local Registrar			
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.