

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.

Caw, of Columbia

(1) PLACE OF BIRTH

County of

*Charleston*

Township of

or  
Inc. Town of

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

76005

Registration District No.

*9A*

Registered No.

*993*

(For use of Local Registrar)

(2) Full Name of Child *Hellie Helton*

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

(3) BOY OR GIRL?

*Girl*

(4) Twin or Triplet?

*None*

(5) Number in order of birth

*1*

To be answered only in event of twins or triplets

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Sept. 16<sup>th</sup> 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*George Helton*

(9) PRESENT POSTOFFICE OF FATHER

*Charleston*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*26*

(Years)

(12) BIRTHPLACE

*Chas*

(13) OCCUPATION

*House*

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

*8*

(14) NAME BEFORE MARRIAGE

MOTHER.

*Winnie Helton*

(15) PRESENT POSTOFFICE OF MOTHER

*Chas*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*31*

(Years)

(18) BIRTHPLACE

*Chas*

(19) OCCUPATION

*House*

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

*6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1615 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*J. G. Carr, M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*W. H.**Roper Road*

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

*9/21 1916*

(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 stillborn children.