

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 8.

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.		45557	
Township of " "		Bureau of Vital Statistics			
Inc. Town of " "		State Board of Health			
City of <u>Charleston</u>		Registration District No. <u>9A</u>		Registered No. <u>74</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>175</u> <u>Comming</u>)		St.; Ward	
(2) Full Name of Child. <u>Joseph Isaac Alston</u>		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	(5) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Jan. 24, 1916</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Wm. Isaac</u>		(14) NAME BEFORE MARRIAGE <u>Rebecca Alston</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>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)	
(12) BIRTHPLACE <u>Charleston, S.C.</u>		(18) BIRTHPLACE <u>Youngs Island, S.C.</u>			
(13) OCCUPATION <u>Labourer</u>		(19) OCCUPATION <u>Cooking</u>			
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>One</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was born <u>Alive</u> , at <u>9:00</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>R. L. La Roche</u>		(25) Address of Physician or Midwife <u>Refuge Hospital, City</u>			
(24) State whether Physician or Midwife <u>Physician</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
, 191...		(27) Filed <u>1/25/16</u> (28) <u>J. Mercier Green M.D.</u> 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.