

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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 6  
MCGRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston  
Township of .....  
or  
Inc. Town of .....  
or  
City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

17848

Registration District No. 2

Registered No. 818.....  
(For use of Local Registrar)

(2) Full Name of Child

Baby Dennis

(No. 2 Hawthorne St.; ..... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? 1

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 14, 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Brown

(9) PRESENT POSTOFFICE OF FATHER Philadelphia

(10) COLOR OR RACE Col.

(11) AGE AT LAST BIRTHDAY 23.....  
(Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION Porter

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Dennis

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Col.

(17) AGE AT LAST BIRTHDAY 18.....  
(Years)

(18) BIRTHPLACE Charleston

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive... at 3 P.M. on the date above stated.  
(Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Paul M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Reform Hospital

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/4 1922 (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.

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.