

MARGIN RESERVED FOR FINDING.

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.

Columbia.

(1) PLACE OF BIRTH
County of Charleston
Township of James Isd.
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
76104

Registration District No. 904 Registered No. 84
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child William Blake { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? (5) Number in order of birth To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 3 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Abraam Blake
(9) PRESENT POSTOFFICE OF FATHER R1 Charleston
(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE James Island
(13) OCCUPATION Carpenter
(20) Number of children born to mother, including present birth { Seven

MOTHER.
(14) NAME BEFORE MARRIAGE Martha Blake
(15) PRESENT POSTOFFICE OF MOTHER R1 Charleston
(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE James Island
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Midwife Jenkins
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R1 Charleston

Given name added from a supplemental report

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

(27) Filed 9/12 1916 (28) Go R. S. ... Local Registrar

en there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.