

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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Charleston  
Township of "  
or  
Inc. Town of Charleston  
or  
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  
**75983**

Registration District No. 9X Registered No. 962  
(For use of Local Registrar)  
(No. Robt. Hospital St.; Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept, 13, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Chisolm  
(9) PRESENT POSTOFFICE OF FATHER 59 1/2 Washington St  
Charleston, S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25  
(Years)  
(12) BIRTHPLACE St. Andrew Parish, S.C.  
(13) OCCUPATION Driver

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Caulder  
(15) PRESENT POSTOFFICE OF MOTHER 59 1/2 Washington St  
Charleston, S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19  
(Years)  
(18) BIRTHPLACE St. Andrew Parish, S.C.  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth { 2 (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 2:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. C. Ketchum M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Robt. Hospital  
Charleston, S.C.

Given name added from a supplemental report

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

(27) Filed 9/15/16 (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.