

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 .....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 HealthFile No.—For State Registrar Only  
45550Registration District No. 9A Registered No. 84  
(For use of Local Registrar)  
City of Charleston (No. 1 Stalls Alley St.; ..... Ward)

(2) Full Name of Child. .... 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 Jan. 25 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Kinner  
(9) PRESENT POSTOFFICE OF FATHER 1 Stalls Alley  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39 (Years)  
(12) BIRTHPLACE Charleston  
(13) OCCUPATION labor  
(20) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Dunter  
(15) PRESENT POSTOFFICE OF MOTHER 1 Stalls Alley  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Sumter  
(19) OCCUPATION at home  
(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 10 A ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Bailey(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
87 East Bay St MidwifeGiven name added from a supplemental report  
..... 191.....

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

(27) Filed 127 1916 (28) J. Meade 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.