

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

75974

Registration District No. 9A Registered No. 953

(For use of Local Registrar)

(2) Full Name of Child Friedner { If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~
GIRL?(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 4th Sept 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Henry Meredith Friedner(9) PRESENT
POSTOFFICE
OF FATHER Charleston S.C.(10) COLOR
OR
RACE W(11) AGE AT LAST
BIRTHDAY 29
(Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Linotypist(20) Number of children born to
mother, including present birth 6

MOTHER.

(14) NAME BEFORE
MARRIAGE Annie E Baland(15) PRESENT
POSTOFFICE
OF MOTHER Charleston S.C.(16) COLOR
OR
RACE W(17) AGE AT LAST
BIRTHDAY 30
(Years)(18) BIRTHPLACE Newberry S.C.(19) OCCUPATION Domestic(21) Number of children of this mother
now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3:25 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. D. Sams(24) State whether Physician or Midwife (25) Address of Physician or Midwife
W. D.Given name added from a supplemen-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)Amended P-1 SEP 25 1980
Registrar(27) Filed 9/14 1916 (28) J. Merceis Green
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.