

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charles</u>		STATE OF SOUTH CAROLINA		80450	
Bureau of Vital Statistics		State Board of Health			
Township of <u>Charleston</u>		Registration District No. <u>9A</u>		Registered No. <u>1065</u>	
City of <u>Charleston</u>		(No. <u>Robert Thorpe</u> )		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. <u></u> Ward <u></u>			
(2) Full Name of Child <u>Bobby Prichard</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u></u>	(5) Number in order of birth <u></u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Oct 2</u> 191 <u>6</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Ralph Prichard</u>			(14) NAME BEFORE MARRIAGE <u>Sarah F. or L.</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>W. Calhoun St. Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>W. Calhoun St. Charleston, S.C.</u>		
(10) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)		
(12) BIRTHPLACE <u>Charleston, S.C.</u>			(13) BIRTHPLACE <u>Charleston, S.C.</u>		
(18) OCCUPATION <u>News boy</u>			(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2:10 P.</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. C. Prichard M.D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician Robert Thorpe</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
191 <u>6</u>			(27) Filed <u>10/6</u> 191 <u>6</u> (28) <u>J. Morris Green M.D.</u> 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.

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