

FORM NO. 6

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.

McGaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Charleston STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
80559

Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston S.C. Registration District No. 9A Registered No. 1159  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (For use of Local Registrar)

(2) Full Name of Child Joseph M. Wolch { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 16 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Stephen Wolch  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE England  
 (13) OCCUPATION laborer  
 (20) Number of children born to mother, including present birth three (3)

MOTHER.  
 (14) NAME BEFORE MARRIAGE Annie House  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE Columbia  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth two (2)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:20 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah A. Jones, midwife  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
10th Street

Given name added from a supplemental report  
 \_\_\_\_\_, 1916  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 10/27 1916 (28) J. M. Green, M.D. 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.

Filed 10/31, 1916 J. M. Green, M.D.  
 Corrected: 11/20 1916 LEON SANDY, M.D.  
 REGISTRAR