

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

76099

Registration District No. 904

Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child

Infant (not named) } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

B.

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 2, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur Ladson

(9) PRESENT POSTOFFICE OF FATHER

R1 Charleston

(10) COLOR OR RACE

ed

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

James Isld

(13) OCCUPATION

Garm. hand

(20) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Victoria Simons

(15) PRESENT POSTOFFICE OF MOTHER

R1 Charleston

(16) COLOR OR RACE

ed

(17) AGE AT LAST BIRTHDAY

27 (Years)

(18) BIRTHPLACE

James Isld

(19) OCCUPATION

Field-hand

(21) Number of children of this mother now living, including present birth

0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ^{born alive} ~~born alive or stillborn~~ at M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Daphne Grant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife R1 Charleston

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

Sept 4, 1916

(28)

Geor. R. Seabrook

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.

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.