

WHITE 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

McGaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Norathy Agnes Kruger

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married Yes (7) DATE BIRTH May 18 1916 (8) (For use of Local Registrar) (For use of State Registrar Only)

FATHER.

(9) FULL NAME And Wm Kruger

(10) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 33 (Years)

(13) BIRTHPLACE Hamburg Germany

(14) OCCUPATION Truman

(15) Number of children born to mother, including present birth 3

MOTHER.

(16) NAME BEFORE MARRIAGE Annitta Covert

(17) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 24 (Years)

(20) BIRTHPLACE S.C.

(21) OCCUPATION Seamstress

(22) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(24) (Signature) Reiter A Wilson

(25) State whether Physician or Midwife Physician (26) Address 317 Meeting St

Given name added from a supplemental report

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Registrar

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

(28) Filed 3/8 1916 (29) J. Mercis Green H.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.

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only
48287

Registration District No. 9A Registered No. 733
(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

HEALTH OFFICER