

W. 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 1.

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

**(1) PLACE OF BIRTH**  
 County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child** Robert Craig (If child is not yet named, make supplemental report as directed)

**(3) BOY OR GIRL** Boy **(4) Twin or Triplet?** No **(5) Number in order of birth** 1 **(6) Are Parents Married?** Yes **(7) DATE OF BIRTH** June 3, 1913  
 (Name of Month) (Day) (Year)

**FATHER.**  
**(8) FULL NAME** Henry Craig  
**(9) PRESENT POSTOFFICE OF FATHER** Charleston S.C.  
**(10) COLOR OR RACE** W. C. **(11) AGE AT LAST BIRTHDAY** 33 (Years)  
**(12) BIRTHPLACE** Friedberg, Co.  
**(13) OCCUPATION** Editor

**MOTHER.**  
**(14) NAME BEFORE MARRIAGE** Hattie Jones  
**(15) PRESENT POSTOFFICE OF MOTHER** Charleston S.C.  
**(16) COLOR OR RACE** W. C. **(17) AGE AT LAST BIRTHDAY** 29 (Years)  
**(18) BIRTHPLACE** Friedberg, Co.  
**(19) OCCUPATION** Domestic

**(20) Number of children born to mother, including present birth** 3 **(21) Number of children of this mother now living, including present birth** 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
**(22) I hereby certify that I attended the birth of this child, who was** born **at** 11 A. **M.,**  
**on the date above stated.** (Born alive or stillborn) (Hour A. M. or P. M.)  
**(23) (Signature)** [Signature] **(24) State whether Physician or Midwife** Physician **(25) Address of Physician or Midwife** Charleston, S.C.

**Given name added from a supplemental report** .....  
**(26) Witness** .....  
**(27) Filed** June 16, 1913 **(28) Local Registrar.** [Signature]

**19**  
**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.**

Revised at Columbia, Columbia, S. C.