

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Charles Co
 Township of
 or
 Inc. Town of
 or
 City of Charlottesville
 (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
75961

Registration District No. 9X Registered No. 938
 (For use of Local Registrar)
 (No. 57 King (Morg) 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 Nathaniel Smith { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Sept, 6, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Smith
 (9) PRESENT POSTOFFICE OF FATHER 17 Short
 (10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE James Island
 (13) OCCUPATION Porter in truck store
 (20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Johnson
 (15) PRESENT POSTOFFICE OF MOTHER 57 King
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE City
 (19) OCCUPATION Washerwoman
 (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 alive, at 7 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Allice X. Myer

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

15 Church

Given name added from a supplemental report

..... 191....

Registrar

(26) Witness

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

(27) Filed 9/9 1916 (28) 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 sixth month of pregnancy.