

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 Charleston  
Township of .....  
or  
Inc. Town of .....  
or  
City of Charleston  
(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. 48294 For State Registrar Only

Registration District No. 9A Registered No. 776  
(For use of Local Registrar)  
(No. 109 Hancock St St.; ..... Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 22 1896</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Joseph Bruster</u>			(14) NAME BEFORE MARRIAGE <u>Rosalee Palmer</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>109 Hancock St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>109 Hancock St</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Charleston, S.C.</u>			(18) BIRTHPLACE <u>Charleston, S.C.</u>	
(13) OCCUPATION <u>Labourer</u>			(19) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth <u>First</u>			(21) Number of children of this mother now living, including present birth <u>First</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was White at 12:00 on the date above stated.  
(Born alive or dead) (Hour, M. or P. M.)

(23) (Signature) Phyllis G. Smith

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 159 St Philip St

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

(26) Witness James W. Thomas  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/3 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 fifth month of pregnancy.

Registrar.

Dec. 11/27