

FORM NO. 5. MARGIN RESERVED FOR BONDING.  
 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.

**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 Charleston  
 or  
 City of Charleston (No. 95 Hugo)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
84617

Registration District No. 9A Registered No. 1273  
 (For use of Local Registrar)

St.; \_\_\_\_\_ Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Wolf

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jun, 4, 1939</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>J. C. Wolf</u>	(14) NAME BEFORE MARRIAGE <u>Lillian Cecil</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>95 Hugo Charleston SC</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Allentown Pa</u>	(18) BIRTHPLACE <u>Virginia</u>			
(13) OCCUPATION <u>Manager American B</u>	(19) OCCUPATION _____			
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child who was born at Home about 11:20 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Paul McCallister

(24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Char SC

Given name added from a supplemental report _____ 191...	(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
Registrar _____	(27) Filed <u>11/5/39</u> 191... (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.