

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

75979

Township of .....

or  
Inc. Town of .....

Registration District No. ....

Registered No. ....

(For use of Local Registrar)

City of Charleston

(No. 43 Society)

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. Floretta Fripp

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

September 12, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Fripp

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE Johns Island

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth { ..... 1 .....

MOTHER.

(14) NAME BEFORE MARRIAGE Evelena Frost

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE Cainhoy, D.C.

(19) OCCUPATION Maid

(21) Number of children of this mother now living, including present birth { ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. W. McEachern, M.D.

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

Physician

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 9/15/16 (28) J. M. McEachern 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.