

WRITE PLAINLY, WITH UNFADING INK
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, NAME OF CHILD

(1) PLACE OF BIRTH
County of Charleston
Township of _____
or
Inc. Town of _____
or
City of Charleston SC
(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

Registration District No. 9A Registered No. 1162
(For use of Local Registrar)
St. 3 Ward _____
If child is not yet named, make supplemental report as directed.

(2) Full Name of Child Mildred Grace

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? _____	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 19</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>William Brace</u>	(11) NAME BEFORE MARRIAGE <u>Mary Winn Glass</u>	(14) PRESENT POSTOFFICE OF FATHER <u>Charleston SC</u>	(17) PRESENT POSTOFFICE OF MOTHER <u>Charleston SC</u>
(10) COLOR OR RACE <u>negro</u>	(13) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	(16) COLOR OR RACE <u>negro</u>	(19) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Charleston SC</u>	(15) OCCUPATION <u>Driver</u>	(18) BIRTHPLACE <u>Charleston SC</u>	(21) OCCUPATION <u>Maid</u>
(20) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Philippa Oliver
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife 8 Montague

Given name added from a supplemental report _____
191____
Registrar _____

(26) Witness _____
(Signature of witness necessary only when question 23 is signed or mark)
(27) Filed 10/31, 1916 _____
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 _____

Registrar. Filed 10/31, 19 16 J.M. Green, M.D.
Corrected _____ LEON SANDY, M.D.
1940 REGISTRAR