

FORM NO. 3

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
Township of
or
Inc. Town of
or
City of Charleston (No. 174 line st
(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
45598

Registration District No. 9A Registered No. 26
(For use of Local Registrar)
St.; Ward
8

(2) Full Name of Child Hellen Fraser

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet?
To be answered only in event of Twins or Triplets

(5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 7, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Gibbs Fraser
(9) PRESENT POSTOFFICE OF FATHER Charleston
(10) COLOR OR RACE Colard (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Charleston
(13) OCCUPATION labor
(20) Number of children born to mother, including present birth two

MOTHER.
(14) NAME BEFORE MARRIAGE Alma Cook
(15) PRESENT POSTOFFICE OF MOTHER Charleston
(16) COLOR OR RACE colard (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE Charleston
(19) OCCUPATION house work
(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 alive at 6:30 o'clock p.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Nelson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 82 Sumter St

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 1/16 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.