

11.-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.

1. PLACE OF BIRTH Charleston **CERTIFICATE OF BIRTH** File No. For State Registrar Only
 County of Charleston **STATE OF SOUTH CAROLINA.** 48354
 Bureau of Vital Statistics
 State Board of Health

Township of
 or
 Inc. Town of Registration District No. 9A Registered No. 155
 or
 City of Charleston (No. 17 1/2 Hawsons Sl.: Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harry Beach Bloxham } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Feb</u> <u>12</u> <u>1914</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	---	---------------------------------------	-------------------------------------	--

FATHER.		MOTHER.	
(8) FULL NAME <u>Harry Harrison Bloxham</u>	(14) NAME BEFORE MARRIAGE <u>Eva Gertrude Browne</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Marsden, Conn</u>	(18) BIRTHPLACE <u>Charleston</u>	(13) OCCUPATION <u>Clark, U.S.N.</u>	(19) OCCUPATION <u>Domestic</u>
(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 alive at 7:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician (24) State whether Physician or Midwife Physician (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) J. Mercier Green
 (27) Filed 7/14 1914 6 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.

*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.