CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
84635

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston (No. 63 Washington St.; 7 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9A Registered No. 1453
(For use of Local Registrar)

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	—	—	no	Nov. 7, 1916 (Name of Month) (Day) (Year)

(To be answered only in event of Twins or Triplets)

FATHER.

(8) FULL NAME Edward Crawford Stackhouse

(9) PRESENT POSTOFFICE OF FATHER Marion S C

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Marion S C

(13) OCCUPATION Constable

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

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Lloyd

(15) PRESENT POSTOFFICE OF MOTHER Charleston S C

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

(18) BIRTHPLACE Conway S C.

(19) OCCUPATION none.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 40 P M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. Poppenheimer M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Charleston S C.

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 11/14 1916 (28) C ..... Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes or moves it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCaw, of Columbia.