

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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
 Township of _____
 or
 Inc. Town of _____ Registration District No. 9A Registered No. 52
 or
 City of Charleston S.C. (No. 29 Elizabeth St.; _____ Ward)
 (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
45577

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH January 16th 1918
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Curtes
 (9) PRESENT POSTOFFICE OF FATHER #29 Elizabeth St.
 (10) COLOR OR RACE Colored AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Charleston S.C.
 (13) OCCUPATION Labour
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Hyatt's
 (15) PRESENT POSTOFFICE OF MOTHER #29 Elizabeth St.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Charleston S.C.
 (19) OCCUPATION Laundry-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 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Harvey Scott
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife #64 Calhoun 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 1/18 1918 (28) J. Marcus Green M.D. 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.