

WRITE PLAINLY, WITH UNFADING INK. HIS IS

N. B.—In case of TWINS OR TRIPLETS use a SEPAR

FIRST-BORN, No. 1. THE OTHER,
McCaw, of Columbia.

T RECORD.

each child, and mark the

section 5.

(1) PLACE OF BIRTH

County of

Charleston

Township of

or
Inc. Town of
or

City of

Charleston

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

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

*Baley Roussos*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

To be answered only in event of Twins or Triplets.

(6) Are
Parents
Married?(7) DATE OF
BIRTH*Aug 12 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*John Roussos*(9) PRESENT
POSTOFFICE
OF FATHER*Charleston SC*(10) COLOR
OR
RACE*White*(11) AGE AT LAST
BIRTHDAY*28*

(Years)

(12) BIRTHPLACE

Turkey

(13) OCCUPATION

*Store Keeper*Number of children born to
mother, including present birth*One*

MOTHER.

(14) NAME BEFORE
MARRIAGE*Ellen Getraher*(15) PRESENT
POSTOFFICE
OF MOTHER*Charleston SC*(16) COLOR
OR
RACE*White*(17) AGE AT LAST
BIRTHDAY*19*

(Years)

(18) BIRTHPLACE

Athens Greece

(19) OCCUPATION

Store None(21) Number of children of this mother
now living, including present birth*One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1* P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Dr. J. B. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report*9-3*191*4*

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed

9/28/16

(28)

M. C. Wilson

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.