

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

Inc. Town of CharlestonCity of Charleston

(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

45570

Registration District No. 9A Registered No. 60

(For use of Local Registrar)

(2) Full Name of Child Grace Cammer

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 case of Twins or Triplets

(5) Number in order of birth 4th(6) Are Parents Married? Yes(7) DATE OF BIRTH January 16, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gordon Cammer(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Boilermaker(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Waggie Skeckley(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Godalia 7 Alb on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Galle Dengate(24) State whether Physician or Midwife (25) Address of Physician or Midwife Inspection 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 1/21/16 (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.