

File No.—For State Registrar Only  
71792

**CERTIFICATE OF BIRTH**

(1) PLACE OF BIRTH  
County of Charleston — STATE OF SOUTH CAROLINA.  
Township of Christ Church Bureau of Vital Statistics  
or Parish State Board of Health  
Inc. Town of \_\_\_\_\_ Registration District No. 401 Registered No. 28  
(For use of Local Registrar)  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Jane Span } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet?  (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 11, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(8) FULL NAME Isaac Span  
(9) PRESENT POSTOFFICE OF FATHER W Pleasant St  
(10) COLOR OR RACE Colo (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Charleston, S.C.  
(13) OCCUPATION Labourer  
(20) Number of children born to mother, including present birth { 3

(14) NAME BEFORE MARRIAGE Eloisa Bodrick  
(15) PRESENT POSTOFFICE OF MOTHER W Pleasant St  
(16) COLOR OR RACE Colo (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Charleston, S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth { 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Hagan Bodrick (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W Pleasant 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 Aug. 11, 1916 (28) H L Lunden 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.

© PATENTED AND REGISTERED FOR BENJAMIN G. MCGRAW'S PUBLISHING COMPANY, NEW YORK, N. Y. 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.