

MARGIN RESERVED FOR BINDING.

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

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. McCaw, of Columbia.

(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.)

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

File No.—For State Registrar Only
45601

Registration District No. 47X Registered No. 73
(For use of Local Registrar)
(No. Paper Hospital St. W. A. Ward)

(2) Full Name of Child. Mabel O'Connor 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? No (7) DATE OF BIRTH January 5 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME not known
(9) PRESENT POSTOFFICE OF FATHER —
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE PA
(13) OCCUPATION not
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel O'Connor
(15) PRESENT POSTOFFICE OF MOTHER 92 Sumner
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 18 (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 4:06 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert J. Green M.D. Paper Hospital
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1/16 1916 (28) J. Merend 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.