

FORM NO. 6

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.

City of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 County of Charleston S.C. STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of ..... State Board of Health  
 or  
 Inc. Town of ..... Registration District No. 9X Registered No. 1050 1000  
 or  
 City of Charleston (No. 121 Calhoun) St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only  
**76053**

(2) Full Name of Child Lucia Louise Charleston } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets.</small> <u>First</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 25, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Robert O. Charleston

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR ed OR RACE  
 (11) AGE AT LAST BIRTHDAY 27  
(Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Undertaker

(20) Number of children born to mother, including present birth } One

**MOTHER.**

(14) NAME BEFORE MARRIAGE Marie J. Forrest

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR ed OR RACE  
 (17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Housewife

(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 5:10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah A. Jones, Midwife

(24) State whether Physician or Midwife Midwife  
1810 E. St. Charleston

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 10/4/16 (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