

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  
**45606**

Registration District No. 9A Registered No. 17  
 (For use of Local Registrar)  
 (No. 121, Westworth St.; ..... Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Irene Gaillard Smith

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1  
To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 1915  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Backman Sherin Smith  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE Charleston  
 (13) OCCUPATION Travelling Salesman

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Irene Sloan Gaillard  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Charleston  
 (19) OCCUPATION —

(21) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive 2 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) A. J. Bush  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 1 Hypocrite

Given name added from a supplemental report

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

(27) Filed 1/6 1915 (28) J. W. 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.