

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 Charleston
 or
 Inc. Town of Charleston
 or
 City of Charleston (No. 27 Fishburne St. St.; Ward)
 (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
76038

Registered No. 1034
 (For use of Local Registrar)

(2) Full Name of Child... Unnamed Kannepau 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 event of Twins or Triplets.	(5) Number in order of birth 8	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Sept 16 1916 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Thomas Kannepau</u>			(14) NAME BEFORE MARRIAGE <u>Mary Keegan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>	
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Charleston S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	
(13) OCCUPATION <u>Plumber</u>			(18) BIRTHPLACE <u>Charleston SC.</u>	
(19) OCCUPATION <u>Housewife</u>			(20) Number of children born to mother, including present birth } <u>8</u>	
(21) Number of children of this mother now living, including present birth } <u>8</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive ... at 1.05 ... A. M., on the date above stated.
 (Born) alive, or stillborn (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

AMENDED

MAR 10 1918

Registrar

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

(27) Filed 9/29 1916 (28) [Signature]
 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.