

Form No. 1

## (1) PLACE OF BIRTH

County of CharlestonTownship of St. JamesInc. Town of McClellanville

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 906

File No.—For State Registrar Only

17014

Registered No. 46  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Caline Colton

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 7, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Louise Colton

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21  
(Year)

(12) BIRTHPLACE Charleston Co

(13) OCCUPATION Dry Laidon

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Washington

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18  
(Year)

(18) BIRTHPLACE Charleston Co

(19) OCCUPATION The Laundry

(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 Born alive at 10 a.m. on the date above stated.  
(Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Samuel Fraser

(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 June 23, 1923 (28) Ed. E. Beckman 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.

Revised by Columbia, Columbia, S. C.