

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 McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA.		45604	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4A</u>		Registered No. <u>19</u>	
or				(For use of Local Registrar)	
City of <u>Charleston</u>		(No. <u>5</u> St. <u>St</u>)		St.: Ward:	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Helma Drayton</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Female</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>6 Jan 1916</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Henry Drayton</u>			(14) NAME BEFORE MARRIAGE <u>Jestine Nelson</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>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)		
(12) BIRTHPLACE <u>Charleston S.C.</u>			(18) BIRTHPLACE <u>Charleston S.C.</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lucy Green</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>17 Luman St</u>					
Given name added from a supplemental report			(26) Witness <u>A. R. Meyer</u>		
191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>1/8</u> 1916 (28) <u>J. J. [Signature]</u> 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.