

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston S.C.

(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

48306

Registration District No. 9X Registered No. 711

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Leola Whaley { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl(4) Twin or Triplet? No

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 26

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louis Whaley(9) PRESENT POSTOFFICE OF FATHER #39 Calhoun St.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Rantowes S.C.(13) OCCUPATION Labour(20) Number of children born to mother, including present birth { Seven }

MOTHER.

(14) NAME BEFORE MARRIAGE Sophia Washington(15) PRESENT POSTOFFICE OF MOTHER #39 Calhoun St.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Rantowes S.C.(19) OCCUPATION House-maid(21) Number of children of this mother now living, including present birth { Seven }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alveta on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maney S. Smith

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

Midwife #64 Calhoun St.

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 7/28 1916 (28) J. Mercer Green 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.

child breathing even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

McCaw, of Columbia.