

WRITE 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.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
45793

County of Charleston
 Township of Alleghator
 Inc. Town of Registration District No. 12.00 Registered No.
 or (For use of Local Registrar)
 City of (No. 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 Jessie Hoffman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 26 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Wm Hoffman</u>	(14) NAME BEFORE MARRIAGE <u>Fra Bullard</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Middendorf St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Middendorf St SC</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Charleston SC</u>	(18) BIRTHPLACE <u>Hicksville Co. NC</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P 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 Patrick St

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
[Signature]
 (27) Filled 191..... (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.

..... Registrar | Local Registrar.

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W. H. McCaw, Registrar