

FORM NO. 6  
 MARYLAND  
 THESE PLACES WILL UNRAIDING INK—THIS IS A PERMANENT RECORD.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.

(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  
 71736

County of Charleston S.C.  
 Township of " "  
 Inc. Town of " "  
 or " "  
 City of Charleston  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. 9A  
 Registered No. 863  
 (For use of Local Registrar)  
 (No. 579 King St.; " " Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Irabine

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 22 1918  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Arthur Irabine  
 (9) PRESENT POSTOFFICE OF FATHER 579 King St  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)  
 (12) BIRTHPLACE Rockwell S.C.  
 (13) OCCUPATION Collector  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Jane J. Gosnell  
 (15) PRESENT POSTOFFICE OR MOTHER 579 King St  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)  
 (18) BIRTHPLACE Charleston S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 530 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) J. M. Brown  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston

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 8/25 1918 (28) J. Mermaid 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.  
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