

FORM NO. 6
MAY 1917
MADE IN U.S.A.
THIS IS A PERMANENT RECORD.
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
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 <i>Charleston S.C.</i>		STATE OF SOUTH CAROLINA.		71736	
Township of <i>"</i>		Bureau of Vital Statistics			
Inc. Town of <i>"</i>		State Board of Health			
City of <i>Charleston</i>		Registration District No. <i>9A</i>		Registered No. <i>863</i>	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)		(No. <i>579 King</i> St.; <i>"</i> Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>Irabine</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug. 22, 1918</i>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <i>Arthur Irabine</i>			(14) NAME BEFORE MARRIAGE <i>Jane J. J. J. J.</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>579 King St.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>579 King St.</i>		
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>		
(11) AGE AT LAST BIRTHDAY <i>44</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>40</i> (Years)		
(12) BIRTHPLACE <i>Rockville S.C.</i>			(18) BIRTHPLACE <i>Charleston S.C.</i>		
(13) OCCUPATION <i>Collector</i>			(19) OCCUPATION <i>Domestic</i>		
(20) Number of children born to mother, including present birth <i>6</i>			(21) Number of children of this mother now living, including present birth <i>6</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born</i> at <i>530 2</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>J. J. J. J.</i>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <i>Charleston</i>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <i>8/25</i> 1918 (28) <i>J. J. J. J.</i> 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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