

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

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *Charleston* STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of *Christ Church* State Board of Health
 or
 Inc. Town of *Danah* Registration District No. *901* Registered No. *33*
 or
 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 *Marguerite Whitside* 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>no</i>	(7) DATE OF BIRTH <i>Sept 26, 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Illegitimate</i>			(14) NAME BEFORE MARRIAGE <i>Carie Lunsney</i>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <i>Mr. Pleasant</i>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <i>negro</i>	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)	
(12) BIRTHPLACE			(18) BIRTHPLACE <i>10 miles</i>	
(13) OCCUPATION			(19) OCCUPATION <i>Farming</i>	
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Midwife

(23) (Signature) *Mary Lunsney*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Mr. Pleasant*

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 *Oct 3* 1916. (28) *R. H. G. E.* 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.