

FORM NO. 5

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.

McCauley, of Columbia

(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  
**45616**

Registration District No. 9A Registered No. 5  
(For use of Local Registrar)  
No. 14th Street St. 12th Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter Bulcherson, Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ..... (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Jun 3 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME William Bulcherson  
(9) PRESENT POSTOFFICE OF FATHER Charleston  
(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE Charleston, S.C.  
(13) OCCUPATION Bookkeeper  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lillian Golson  
(15) PRESENT POSTOFFICE OF MOTHER Charleston  
(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Orangeburg, S.C.  
(19) OCCUPATION Housekeeper  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) Philippa Swain  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife 8 Marshall 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 1/4 6 1916 (28) J. Mercus Green, Jr. 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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