

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.

J. C. McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....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)(2) Full Name of Child Walter Bulcherson, Jr. 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 case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jun 3, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

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

## MOTHER.

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

## 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. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Philippa Swine

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 8 Martiney Ct

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/4 6 1916 (28) J. Mercus Green M.D. 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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