

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.

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(1) PLACE OF BIRTH  
 County of Charleston  
 Township of .....  
 OR  
 Inc. Town of .....  
 OR  
 City of Charleston

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA:  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**75997**

Registration District No. 9A Registered No. 983  
 (For use of Local Registrar)  
 (No. 147 Queen 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... Baby Francis { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 14 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Maria Alexander Francis

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Geo Fitter

(20) Number of children born to mother, including present birth { Two }

**MOTHER.**

(14) NAME BEFORE MARRIAGE Minnie Crosby

(15) PRESENT POSTOFFICE OF MOTHER City 5

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Rodan, S.C.

(19) OCCUPATION Nurse Work

(21) Number of children of this mother now living, including present birth { Two }

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

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. (Hour A. M. or P. M.) 1:00 P.M.

(23) (Signature) Minnie Crosby

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 187 Beekman 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 9/19 1916 (28) 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