

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.

cGaw. of Columbia.

(1) PLACE OF BIRTH *Charleston*
 County of
 Township of
 or
 Inc. Town of
 or
 City of *Charleston* (No. *147 Queen*)
 (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
75997

(2) Full Name of Child *Baby Francis* { 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 (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept 14 1906*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Marie 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*

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

(18) BIRTHPLACE *Norfolk, S.C.*

(19) OCCUPATION *Nurse*

(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) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) *M. M. M.*

(24) State whether Physician or 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 *9/19/06* (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