

MARRIAGE REGISTERED FOR RECORD

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS, SUBSTITUTE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

MECHANICAL COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		807	
Township of <u>Wm. Charleston</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>12.05</u>		Registered No. <u>1</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>not named</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 22</u>	(8) (Specify Month) (Day) (Year)
FATHER			MOTHER		
(9) FULL NAME <u>James W. Radtke</u>			(14) NAME BEFORE MARRIAGE <u>Kathleen West</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Ruby S.C. P#2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ruby S.C. P#1</u>		
(11) COLOR OR RACE <u>white</u>			(12) AGE AT LAST BIRTHDAY <u>38</u>		
(13) BIRTHPLACE <u>S.C.</u>			(14) COLOR OR RACE <u>white</u>		
(15) AGE AT LAST BIRTHDAY <u>36</u>			(16) BIRTHPLACE <u>S.C.</u>		
(17) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Housewife</u>		
(19) Number of children born to mother, including present birth <u>110</u>			(20) Number of children of this mother now living, including present birth <u>9</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>A. M. Newson</u>		(24) State whether Physician or Midwife <u>Physician</u>			
(25) Address of Physician or Midwife <u>Ruby S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by registrar)			
..... 19		(27) Filed 19 (28) Local Registrar <u>A. B. Radtke</u>			

*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.