

FORM NO. 6 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.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>36</u> or Inc. Town of or City of <u>Charleston SC</u> (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 <u>84626</u>	
(2) Full Name of Child <u>Erwin Deane</u>		Registration District No. <u>9A</u>		Registered No. <u>1929</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11/16</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>Erwin Deane</u> (9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u> (10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>40</u> (Years) (12) BIRTHPLACE <u>George Town</u> (13) OCCUPATION <u>Laborer</u> (20) Number of children born to mother, including present birth <u>4 Living</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Lara Williams</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, SC</u> (16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (Years) (18) BIRTHPLACE <u>George Town</u> (19) OCCUPATION <u>Washer</u> (21) Number of children of this mother now living, including present birth <u>1</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>129</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Sarah Bailey</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>87 East Bay</u>					
Given name added from a supplemental report _____ 191_____ _____		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>11/10/1916</u> (27) <u>J. M. Green, M.D.</u> 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 _____ month of pregnancy.					
(Date of)		Filed <u>11/13/16</u>		J. M. Green, M.D.	
Registrar		Cor. <u>2/2/39</u>		Leon Banov, M.D. Registrar	