

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.

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

(1) PLACE OF BIRTH
 County of Charleston
 Township of 3^d
 or
 Inc. Town of Registration District No. 9A Registered No. 1779
 or
 City of Charleston SC (No. 1 Smalls Alley 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 Erwin Deane } If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
84626

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 11/16 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Erwin Deane
 (9) PRESENT POSTOFFICE OF FATHER Charleston S. C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE George Town
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 4 Living

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Williams
 (15) PRESENT POSTOFFICE OF MOTHER Charleston SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE George Town
 (19) OCCUPATION Washer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 129 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Bailey
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 87 East Bay

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 11/10 1916 (28) J. M. 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 first month of pregnancy.

(Date of) Filed 11/13/16 Registrar Leon B. Moore
 Cor. 2/2/39 Rego