

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Cherokee  
 Township of Cherokee  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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

76182

Registration District No. 1000 B Registered No. 32  
 (For use of Local Registrar)

(2) Full Name of Child Thelma J. Isler } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 16, 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Joseph W. Isler

(9) PRESENT POSTOFFICE OF FATHER Grove, N.C. R.T.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Cherokee Co. N.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Daisy Alice Pruitt

(15) PRESENT POSTOFFICE OF MOTHER Grove, N.C. R.T.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Cherokee Co. N.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth } 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. L. Little, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Blochsburg, N.C.

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 Sept 18, 1916 (28) J. A. Dickson  
 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 fifth month of pregnancy.