

McCaw, of Columbia.
 *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 3.

(1) PLACE OF BIRTH
 County of Charleston
 Township of

OR
 Inc. Town of Charleston
 OR
 City of Charleston

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

File No.—For State Registrar Only
48304

Registration District No. 9A Registered No. 215
 (For use of Local Registrar)
 City of Charleston (No. Roper Hospital 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 Infant of F. Marie Pittier { If child is not yet named, make supplemental report as directed

(3) ~~NOT OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 16 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Eddie L. Lloy d
 (9) PRESENT POSTOFFICE OF FATHER Charleston SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 17 (Years)
 (12) BIRTHPLACE Charleston SC
 (13) OCCUPATION None
 (20) Number of children born to mother, including present birth { 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Marie A. Pittier
 (15) PRESENT POSTOFFICE OF MOTHER Charleston SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION None
 (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 4:45 P. M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) W. H. L. L. L.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston SC

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 2/28/16 (28) W. H. L. L. L.

*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.

Should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.