

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of
 Inc. Town of Registration District No. 9A
 City of Charleston (No. 133 District) Registered No. 942
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar only
75965

(2) Full Name of Child Infant of Elizabeth Summers child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 7, 1916
 (To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leonzo Summers
 (9) PRESENT POSTOFFICE OF FATHER Jackson Miss
 (10) COLOR OR RACE Coe (11) AGE AT LAST BIRTHDAY 41 1/2 (Years)
 (12) BIRTHPLACE Columbia Sc
 (13) OCCUPATION Brick Layer
 (20) Number of children born to mother, including present birth { }

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Summers
 (15) PRESENT POSTOFFICE OF MOTHER Charleston Sc
 (16) COLOR OR RACE Coe (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Columbia Sc
 (19) OCCUPATION Nurse
 (21) Number of children of this mother now living, including present birth { }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Bara Depa 300 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leonzo Summers
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/10 1916 (28) J. Mercier 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.