

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 McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of *Charleston*

Township of *11*

Inc. Town of *11*

City of *Charleston*

(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

80563

Registration District No. *9A*

Registered No. *1763*

(2) Full Name of Child

Infant of Helen Dragon

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet? *X*

(5) Number in order of birth *7*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Oct. 25*

(Name of Month) (Day) (Year)

(8) FULL NAME *Helen Per Dragon*

(9) PRESENT POSTOFFICE OF FATHER *Charleston*

(10) COLOR OR RACE *Col*

(11) AGE AT LAST BIRTHDAY *25*

(12) BIRTHPLACE *Jacks Island*

(13) OCCUPATION *Laborm*

(20) Number of children born to mother, including present birth *7*

(14) NAME BEFORE MARRIAGE *Lillian Jessells*

(15) PRESENT POSTOFFICE OF MOTHER *Charleston*

(16) COLOR OR RACE *Col*

(17) AGE AT LAST BIRTHDAY *22*

(18) BIRTHPLACE *Jacks Island*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4:00* on the date above stated.

(23) (Signature) *W. Brooks M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *City Hospital*

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 *10/28*

1916

(28) *J. Mercut 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 fifth month of pregnancy.

Registrar

Filed 10/31

19 16

J.M. Green, M.D.

Corrected

LEON BARRY, M.D.

REGISTRAR