

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.
 LOCAL OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *James Island*
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

80643

Registration District No. *904*

Registered No. *97*
 (For use of Local Registrar)

(2) Full Name of Child *James Ladson*

St. (No.) Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL *B* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct 1st 1916*
 To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Willie Ladson*
 (9) PRESENT POSTOFFICE OF FATHER *R1 Charleston*
 (10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *40?*
 (12) BIRTHPLACE *James Island*
 (13) OCCUPATION *Farm-hand*
 (20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mildred Seabrook*
 (15) PRESENT POSTOFFICE OF MOTHER *R1 Charleston*
 (16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *35*
 (18) BIRTHPLACE *James Island*
 (19) OCCUPATION *Farm-hand*
 (21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Anker Robinson*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *R1 Charleston S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *10/12/16* (28) *L. R. Seabrook* 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.