

COPIES DESTROYED, 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.

(1) PLACE OF BIRTH
County of Charleston S.C. **CERTIFICATE OF BIRTH**
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health
Township of
or
Inc. Town of Registration District No. 9/8 Registered No. 1277
or
City of Charleston S.C. (No. 170 Calhoun St.; 6 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Nov. 16th</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Eugene Putman</u>			(14) NAME BEFORE MARRIAGE <u>Isabella Shroud</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>	
(10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>31</u> (Years)			(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Charleston S.C.</u>			(18) BIRTHPLACE <u>Charleston S.C.</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Housemaid</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 20 of 12 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza J. Fuller
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 69 Corning St.

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 11/17 1916 (28) J. Mercier Green II 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.

Reported as stillborn, then, 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.

Filed 11/22/16
Registrar