

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.
 McCOMB of Columbia

(1) PLACE OF BIRTH
 County of Charleston S.C. STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
84648

Township of
 or
 Inc. Town of Registration District No. 9A 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? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Nov. 16th 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Putman

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth } Two

MOTHER.

(14) NAME BEFORE MARRIAGE Isabella Shroad

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Housemaid

(21) Number of children of this mother now living, including present birth } One

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. Mercis Green II, 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.

reported as stillborn, 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 11/22/16