

WHEN PLACED IN THE BLANK SPACE WITH UNFOLDING ENVELOPE—THIS IS A PRELIMINARY REPORT. 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
Township of St. Phillips St. Michaels
or
Inc. Town of
or
City of Charleston (No. 10 mile) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 909 Registered No. 171
(For use of Local Registrar)
St.; Ward

File No.—For State Registrar Only
88864

(2) Full Name of Child James Hall { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</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>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 29</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>James Hall</u>			(14) NAME BEFORE MARRIAGE <u>James Nelson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>10 mile St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>10 mile</u>	
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>10 mile St.</u>			(18) BIRTHPLACE <u>10 mile St.</u>	
(13) OCCUPATION <u>Rabber</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Chas. M. German
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston, S.C.

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 <u>Dec 30</u> 191 <u>6</u> (28) <u>C. F. Myers</u> Local Registrar
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*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.

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