

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.

McCaw, of Columbia

## (1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*Inc. Town of *Charleston*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

Registration District No. ....

Registered No. ....

(For use of Local Registrar)

File No. — For State Registrar Only

45607

(2) Full Name of Child. *F. L. Lada Buckner*

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 *9*

To be answered only in case of Twins or Triplets.

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

*Jan 4th* (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Tobia Buckner*(9) PRESENT POSTOFFICE OF FATHER *Charleston S.C.*(10) COLOR OR RACE *colored*(11) AGE AT LAST BIRTHDAY *29* (Years)(12) BIRTHPLACE *Beaufort S.C.*(13) OCCUPATION *Driver*(20) Number of children born to mother, including present birth *9*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Essie Small*(15) PRESENT POSTOFFICE OF MOTHER *Charleston S.C.*(16) COLOR OR RACE *colored*(17) AGE AT LAST BIRTHDAY *35* (Years)(18) BIRTHPLACE *Charleston S.C.*(19) OCCUPATION *House Work*(21) Number of children of this mother now living, including present birth *9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2:30* ..... *A.M.* on the date above stated. (Born *alive* or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Abbie D. Green*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *5. Thompson*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *1/11*

(28)

Registrar

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.