

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
or
Inc. Town of
or
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 CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar only
76001

Registration District No. 9A Registered No. 988
(For use of Local Registrar)
(No. Roper Hospital St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child B. A. M. Mabel } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 13, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME D. K.
(9) PRESENT POSTOFFICE OF FATHER D. K.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY D. K. (Years)
(12) BIRTHPLACE D. K.
(13) OCCUPATION D. K.
(20) Number of children born to mother, including present birth { 1

MOTHER.
(14) NAME BEFORE MARRIAGE Julia Mabel
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Durham, N.C.
(19) OCCUPATION —
(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:35 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. C. Roper
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Roper Hospital
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 9/20 1916 (28) 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.