

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
76415

(1) PLACE OF BIRTH
 County of Charleston
 Township of Calvary
 or
 Inc. Town of Registration District No. 1301 Registered No. 133
 or (For use of Local Registrar)
 City of (No. 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 Adolphus J. Slack { If child is not yet named, make supplemental report as directed

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

FATHER.
 (8) FULL NAME A. J. Slack
 (9) PRESENT POSTOFFICE OF FATHER Pinewood St
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
(Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Merchant
 (20) Number of children born to mother, including present birth Seven

MOTHER.
 (14) NAME BEFORE MARRIAGE Mrs. Griffen
 (15) PRESENT POSTOFFICE OF MOTHER Pinewood St 36
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION at home
 (21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Pinewood St 40 on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) H. O. Pinchert
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pinewood St

Given name added from a supplemental report
Adolphus J. Slack 1916
Henry F. Slack Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9/20 1916 (28) Henry F. Slack 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.

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.