

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

File No.—For State Registrar Only

75996

Registration District No. .... Registered No. ....

(For use of Local Registrar)

No. .... 498, King St. .... St.; .... Ward)

(2) Full Name of Child. .... Unnamed ..... Holst. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth 5	(6) Are Parents Married Yes	(7) DATE OF BIRTH Sept. 14, 1916 (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME  
Henry Cholin Holst(9) PRESENT POSTOFFICE OF FATHER  
Charleston S.C.(10) COLOR OR RACE  
White(11) AGE AT LAST BIRTHDAY  
32 (Years)(12) BIRTHPLACE  
Charleston S.C.(13) OCCUPATION  
Clerk(20) Number of children born to mother, including present birth  
5th.

## MOTHER.

(14) NAME BEFORE MARRIAGE  
Fay Josephine Holst.(15) PRESENT POSTOFFICE OF MOTHER  
Charleston S.C.(16) COLOR OR RACE  
White(17) AGE AT LAST BIRTHDAY  
30 (Years)(18) BIRTHPLACE  
Charleston SC.(19) OCCUPATION  
Housewife(21) Number of children of this mother now living, including present birth  
5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ...Alive... at ...11.40... P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ...Charles P. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 9/19/16 (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.