

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**....
 OR
 Inc. Town of ..**Charleston**.. Registration District No.**9A** Registered No. **982**
 OR
 City of **Charleston** (No. **498**, **King St.**..... St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
75996

(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? **5** (5) Number in order of birth **5** (6) Are Parents Married **Yes** (7) DATE OF BIRTH **Sept. 14 1916**
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

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** 191... (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.