

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 S.C.

Township of

Inc. Town of

City of

(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

45591

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Ruth Layd

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

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm. Layd

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

43 (Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Labourer

(20) Number of children born to mother, including present birth

Seven

MOTHER.

(14) NAME BEFORE MARRIAGE

Louisa Grant

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30 (?) (Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Washerwoman

(21) Number of children of this mother now living, including present birth

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at ... on the date above stated.

(23) (Signature) L. L. La Roche M.D.

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

Physician

Rafae Hospital

Given name added from a supplemental report

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

(27) Filed (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.