

FORM NO. 4  
 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 .....

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

File No.—For State Registrar Only  
**76006**

Inc. Town of ..... Registration District No. 9A Registered No. 994  
 or ..... (For use of Local Registrar)  
 City of Charleston (No. 14 1/2 America 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 May Hilley } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 11 (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 16, 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

**FATHER**  
 (8) FULL NAME Geo. Hilley  
 (9) PRESENT POSTOFFICE OF FATHER Charleston  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Charleston  
 (13) OCCUPATION House  
 (20) Number of children born to mother, including present birth } ..... 29.....

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Wanda Hilley  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)  
 (18) BIRTHPLACE Charleston  
 (19) OCCUPATION Widow  
 (21) Number of children of this mother now living, including present birth } ..... 27.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 (Hour A.M. or P.M.) on the date above stated.  
 (23) (Signature) F. G. Carr, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Paper Hosp.

Given name added from a supplemental report  
Amended P-1  
Amended P-1 SEP 27 1916  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 9/27 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.