

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M.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.

McKay, of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....

City of Charleston, S.C.

(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

48281

Registration District No. 4X Registered No. 123

(For use of Local Registrar)

(2) Full Name of Child Abdul Hamid

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 5th 1916

Is he averaged only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Abdul Hamid

(9) PRESENT POSTOFFICE OF FATHER #4 Palmetto St

(10) COLOR OR RACE East-Indian (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Calcutta

(13) OCCUPATION laberal

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Daisy L. Williams

(15) PRESENT POSTOFFICE OF MOTHER #4 Palmetto St.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Charleston, S.C.

(19) OCCUPATION House work

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was slightly at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. Scott

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

Midwife #64 Calhoun St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filled 3/7 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.

HEALTH OFFICER