

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

or
Inc. Town of*Charleston*

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No.

Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
45571Registered No. *59*
(For use of Local Registrar)(2) Full Name of Child *Baby Pooser*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy*(4) Twin or Triplet? ☒(5) Number in order of birth ☒

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Jan 17 5*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Atkinson Pooser

(9) PRESENT POSTOFFICE OF FATHER

Charleston SC

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY *41*
(Years)

(12) BIRTHPLACE

Coala Houka

(13) OCCUPATION

Railroad Employee(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE

Augusta F. Bokkum

(15) PRESENT POSTOFFICE OF MOTHER

Charleston SC

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY *43*
(Years)

(18) BIRTHPLACE

Charleston SC

(19) OCCUPATION

none(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 *born* at *7 25 P.* M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *G. Fred Johnson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician 277 Palmetto St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed *1/27* 191*6*

(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.