

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 .....  
or  
City of Charleston  
(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  
**63352**

Registration District No. 9A Registered No. 273  
(For use of Local Registrar)  
St. .... Ward

(2) Full Name of Child Harry Len Githers

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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Joseph Githers  
(9) PRESENT POSTOFFICE OF FATHER Charleston S. C.  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE John's Island S. C.  
(13) OCCUPATION Longshoreman  
(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mrs. C. D. Dwyer  
(15) PRESENT POSTOFFICE OF MOTHER Charleston S. C.  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Charleston S. C.  
(19) OCCUPATION .....  
(21) Number of children of this mother now living, including present birth 1

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

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

(23) (Signature) Harriet X. Bryan  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 12 First St.

Given name added from a supplemental report

(26) Witness H. P. Jackson M.D.  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/8 1916 (28) J. H. Davis 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.