

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 N. No. 1. THE OTHERS, No. 2, etc., in question 5.

McCaw, of Columbia.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|-------------------------------------|---|--|---------------------------------------|--------------|
| County of <i>Charleston</i> | | STATE OF SOUTH CAROLINA | | 80524 | |
| Township of | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of | | Registration District No. <i>9 X</i> | | Registered No. <i>1116</i> | |
| or | | | | (For use of Local Registrar) | |
| City of <i>Charleston</i> | | (No. <i>46 Archdale</i>) | | 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 <i>Rachel Hills Winyah</i> } If child is not yet named, make supplemental report as directed | | | | | |
| (3) BOY OR GIRL? <i>girl</i> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <i>Y</i> | (7) DATE OF BIRTH | 191 <i>6</i> |
| To be answered only in case of twins or triplets | | | | (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <i>John Winyah</i> | | | (14) NAME BEFORE MARRIAGE <i>Eugenia Hill</i> | | |
| (9) PRESENT POSTOFFICE OF FATHER <i>46 Archdale</i> | | | (15) PRESENT POSTOFFICE OF MOTHER <i>46 Archdale</i> | | |
| (10) COLOR OR RACE <i>Cul</i> | (11) AGE AT LAST BIRTHDAY <i>25</i> | (16) COLOR OR RACE <i>Cul</i> | (17) AGE AT LAST BIRTHDAY <i>25</i> | | |
| (12) BIRTHPLACE <i>city</i> | | (18) BIRTHPLACE <i>Wrench's Corner</i> | | | |
| (13) OCCUPATION <i>Porter</i> | | (19) OCCUPATION <i>Washerwoman</i> | | | |
| (20) Number of children born to mother, including present birth <i>4</i> | | (21) Number of children of this mother now living, including present birth <i>4</i> | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> , at <i>12 noon</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <i>Wick Winyah</i> | | | | | |
| (24) State whether Physician or Midwife <i>Midwife</i> | | | | | |
| (25) Address of Physician or Midwife <i>15 Shuh</i> | | | | | |
| Given name added from a supplemental report | | (26) Witness <i>John Winyah</i> | | | |
| 191 <i>6</i> | | (Signature of Witness necessary only when question 23 is signed by mark) | | | |
| Registrar | | (27) Filed <i>10/17</i> 191 <i>6</i> | | (28) <i>J. M. ...</i> 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. | | | | | |
| fifth month of pregnancy. | | | | | |
| fifth month of pregnancy. | | | | | |