

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

County of *Charleston*
 Township of
 or
 Inc. Town of Registration District No. *9A* Registered No. *987*
 or
 City of *Charleston* (No. *210 President* St.; Ward) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
75995

(2) Full Name of Child *Thelma Teressa Brown* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Sept. 12, 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *William Brown*
 (9) PRESENT POSTOFFICE OF FATHER *Charleston*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *24* (Years)
 (12) BIRTHPLACE *Charleston*
 (13) OCCUPATION *laundry*
 (20) Number of children born to mother, including present birth } *one*

MOTHER.

(14) NAME BEFORE MARRIAGE *Virginia Crosby*
 (15) PRESENT POSTOFFICE OF MOTHER *Charleston*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *23* (Years)
 (18) BIRTHPLACE *Charleston*
 (19) OCCUPATION *domestic*
 (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 *Alive* at *6:00* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) *William H. Miller, M.D.*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
, 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *9/19/16* (28) *J. Theresa Miller, S.* 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.