

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

County of

*Charleston*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76020

Township of

or  
Inc. Town of

or

City of

*Charleston S.C.*

Registration District No.

*15*

Registered No.

*1012*

(For use of Local Registrar)

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

(2) Full Name of Child

*Baby Couch*

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

(3) ~~BOY~~ OR  
GIRL?

(4) Twin  
or Triplet?

(5) Number in  
order of birth

*6*

(6) Are  
Parent  
Married?

*Yes*

(7) DATE OF  
BIRTH

*Sep. 1st*

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL  
NAME

*John P. Couch*

(9) PRESENT  
POSTOFFICE  
OF FATHER

*15 C St.*

(10) COLOR  
OR  
RACE

*W*

(11) AGE AT LAST  
BIRTHDAY

*42*

(Years)

(12) BIRTHPLACE

*Arden, N.C.*

(13) OCCUPATION

*Laborer*

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

*6*

MOTHER.

(14) NAME BEFORE  
MARRIAGE

*Annie Hudson*

(15) PRESENT  
POSTOFFICE  
OF MOTHER

*15 C St.*

(16) COLOR  
OR  
RACE

*W*

(17) AGE AT LAST  
BIRTHDAY

*37*

(Years)

(18) BIRTHPLACE

*Ridgville, S.C.*

(19) OCCUPATION

*none*

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

*4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1045* P.M.  
on the date above stated. (Born ~~alive~~ or ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature)

*George D. Warren*

(24) State whether Physician or Midwife *Midwife* of Physician or Midwife

*Emergency*

Given name added from a supplement-  
tal report

(26) Witness

*P. F. Prichard, M.D.*

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

(27) Filed

*9/28/19*

(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.