

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  
 Township of Charleston  
 or  
 Inc. Town of Charleston  
 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

48276

Registration District No. 9A Registered No. 176  
 (For use of Local Registrar)  
 (No. Prinville Highway, Charleston St.; ..... Ward)

(2) Full Name of Child Crook Barton Gary Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH January 30 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Crook Barton Gary  
 (9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Benton Maryland  
 (13) OCCUPATION U. S. Army officer  
 (20) Number of children born to mother, including present birth six

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Brewer Poff  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Annapolis Maryland  
 (19) OCCUPATION Wife  
 (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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert M. Clark, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

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 7/19 1916 (28) Margaret Green, M.D. 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.

HEALTH OFFICER