

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 STATE OF SOUTH CAROLINA.
Township of Bureau of Vital Statistics
or State Board of Health
Inc. Town of Registration District No. 9A Registered No. 1272
or (For use of Local Registrar)
City of Charleston (No. 34 Spring 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 Wm. F. Ulrich { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>—</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 3, 1926</u> <small>(Name of Month) (Day) (Year)</small>
(8) FATHER. FULL NAME <u>C. J. Ulrich</u>			(14) NAME BEFORE MARRIAGE <u>Paul Ballenger</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>32 Spring St. Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>32 Spring St. Charleston, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Florence County</u>			(18) BIRTHPLACE <u>Spaulding Co</u>	
(13) OCCUPATION <u>Conductor S. R. Ry</u>			(19) OCCUPATION <u>—</u>	
(20) Number of children born to mother, including present birth { <u>2</u>			(21) Number of children of this mother now living, including present birth { <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 545 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lane M. M. M.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

L. D. D. 191...
Dec. 31, 1926
Registrar

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

(27) Filed 11/5/26 (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.