

McGraw, of Columbia.
 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.

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston (No. 25 Ashe St.
 (If birth occurs in a hospital or other institution give name of same instead of street and number.) 12
 (2) Full Name of Child Althia Clark If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 12 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Althia Clark
 (9) PRESENT POSTOFFICE OF FATHER Charleston
 (10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Charleston
 (13) OCCUPATION labor
 (14) Number of children born to mother, including present birth two

MOTHER.
 (14) NAME BEFORE MARRIAGE Emily Thompson
 (15) PRESENT POSTOFFICE OF MOTHER Charleston
 (16) COLOR OR RACE Colard (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION house work
 (20) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive at 8 o'clock A. M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) Anne Nelson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 32 Sumter St

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 7/16 1916 Local Registrar
 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.