

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

McGaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston
Township of

or
Inc. Town of

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
48317

Registration District No. 9A Registered No. 700
(For use of Local Registrar)

(2) Full Name of Child Baby Zander

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Member in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas H Zander
(9) PRESENT POSTOFFICE OF FATHER 46 Drake
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Police
(14) Number of children born to mother, including present birth 2nd

MOTHER.

(14) NAME BEFORE MARRIAGE Angie Johnson
(15) PRESENT POSTOFFICE OF MOTHER 46 Drake
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Wattaburg S.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.
(Born alive or stillborn)

(23) (Signature) C. H. Baker M.D. (Hour A. M. or P. M.) 11:30 P.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 75 Calhoun St.

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

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 2/21/16 J. M. M. M. M.

*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.
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