

FORM NO. 5. MARGIN RESERVED FOR INDEXING. WHILE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD. No. 2.—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 **CERTIFICATE OF BIRTH**

County of Charleston STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of St. Phillips St. Michaels State Board of Health
 or
 Inc. Town of Registration District No. 909 Registered No.
 or
 City of (No. Meeting St. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
71848

(2) Full Name of Child Ceréighita Wallace White If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>August 14, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>David Richard Collier</u>	(14) NAME BEFORE MARRIAGE <u>Catharina A. Kent</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Navy Yard</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Navy Yard</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Charleston S. C.</u>	(18) BIRTHPLACE <u>Walterboro S. C.</u>			
(13) OCCUPATION <u>Steamfitter</u>	(19) OCCUPATION <u>House Duties</u>			
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Mrs. G. H. Collier #108 Drake St.

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

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled Aug 20, 1916 (28) C. F. Meyers
 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.
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