

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

53996

(1) PLACE OF BIRTH

County of Charleston

Township of Dentice

or Inc. Town of

or City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4206 Registered No. 1
(For use of Local Registrar)

(No. 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 } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>March 11</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wm. W. W.

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Wm. W. W.

(15) PRESENT POSTOFFICE OF MOTHER Dentice

(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY (Years) 30

(18) BIRTHPLACE Dentice

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

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

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

(26) Witness Paul Austin
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 10 April 1916 (28) Steph. Austin 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.

VIRGIN RESERVE FOR FUTURE USE
 WHILE PLAINLY WITH CEASING IN THIS IS A CURIOUS 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.