

MARGIN RESERVED FOR BINDING.

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 <u>Charleston</u>             |  | TOWNSHIP OF .....  |  | INC. TOWN OF .....  |  | CITY OF <u>Charleston</u>  |  | REGISTRATION DISTRICT NO. <u>41A</u>  |  | REGISTERED NO. <u>12</u>   |  |
|--|--|---|--|--|--|---|--|--|--|---|--|--|--|
| COUNTY OF <u>Charleston</u>                        |  | TOWNSHIP OF .....                       |  | INC. TOWN OF .....                                       |  | CITY OF <u>Charleston</u>   |  | REGISTRATION DISTRICT NO. <u>41A</u>                                     |  | REGISTERED NO. <u>12</u>  |  | FILE NO.—For State Registrar Only<br><u>45610</u>  |  |
| (2) Full Name of Child <u>William Glover</u>       |  | (3) BOY OR GIRL <u>Boy</u>              |  | (4) Twin or Triplet? <u>-</u>                            |  | (5) Number in order of birth <u>-</u>   |  | (6) Are Parents Married? <u>Yes</u>                                      |  | (7) DATE OF BIRTH <u>1 3</u>  |  | (8) (For use of Local Registrar)   |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u> |  | (10) COLOR OR RACE <u>Negro</u>         |  | (11) AGE AT LAST BIRTHDAY <u>23</u>                      |  | (12) BIRTHPLACE <u>Charleston</u>   |  | (13) OCCUPATION <u>Labour (Day)</u>                                      |  | (14) NAME BEFORE MARRIAGE <u>Louisa Lawrence</u>                                    |  | (15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>  |  |
| (16) COLOR OR RACE <u>Negro</u>                    |  | (17) AGE AT LAST BIRTHDAY <u>21</u>     |  | (18) BIRTHPLACE <u>Charleston</u>                        |  | (19) OCCUPATION <u>Domestic (Housework)</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> |  | (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>7:30</u> on the date above stated. |  |
| (23) (Signature) <u>L. M. McWilliam</u>            |  | (24) State whether Physician or Midwife |  | (25) Address of Physician or Midwife <u>Bay Hospital</u> |  | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) |  | (27) Filed <u>1/5</u>  |  | (28) <u>J. Marcus Green, M.D.</u>   |  | (29) 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.