

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
71808

(1) PLACE OF BIRTH
County of Charleston
Township of James Isdell
or
Inc. Town of

Registration District No. 904 Registered No. 77
(For use of Local Registrar)

City of (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. Maudie Champaign } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH August 18 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Richard Champaign
(9) PRESENT POSTOFFICE OF FATHER Gas field
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Gas field
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Virginia Brown
(15) PRESENT POSTOFFICE OF MOTHER Gas field
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Gas field
(19) OCCUPATION house wife
(21) 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 at M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) A. Richard Champaign
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Parent Rt Charleston

Given name added from a supplemental report
..... 191.....
Geo. R. Seatzook
Seal Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed August 19 1916 (28) P. F. Crumhall 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.

Form No. 10. REGISTRY PRESERVED FOR INSURING. WHERE PLAINLY, WITH ENLARGING INC.—THIS IS A REGULAR RECORD. N. E.—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. S. CAW, of Columbia.