

MASSIN 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 Charleston

Township of

or

Inc. Town of

or

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

48278

Registration District No. 9A

Registered No. 150

(For use of Local Registrar)

(2) Full Name of Child William Edward Trescott

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH January 6th '16

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William O. Trescott

(9) PRESENT POSTOFFICE OF FATHER Charleston, S. C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Salesman

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary E. Albenesius

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:20 P. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. S. Hauer, M.D.

(24) State whether Physician or Midwife Physician.

(25) Address of Physician or Midwife 81 Westmore St.

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 28 is signed by mark)*

(27) Filed 7/14/16

J. Mercer Green M.D.
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.

HEALTH OFFICER