

A.—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 1.

DEPARTMENT OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of ... *Charleston* ...

Township of ... *Charleston* ...

or
Ecc. Town of ...

or
City of ...

(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

Registration District No. *100.0A*

No. for State Register Only
13269

Registered No. *478*
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD *girl* (4) Type or figure *1* (5) Number in order of birth *2* (6) Age *4* (7) DATE OF BIRTH *Jan 14 1914*
(Month) (Day) (Year)

FATHER.

(8) FULL NAME *Otis Roman*

(9) PRESENT RESIDENCE OF FATHER *Charleston S.C.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *31*
(Year)

(12) BIRTHPLACE *Immense*

(13) OCCUPATION *Wife of Otis Roman*

(14) Number of children born to mother, including present birth *2*

MOTHER.

(15) NAME BEFORE MARRIAGE *Evelyn Weaver*

(16) PRESENT RESIDENCE OF MOTHER *Charleston S.C.*

(17) COLOR OR RACE *white* (18) AGE AT LAST BIRTHDAY *24*
(Year)

(19) BIRTHPLACE *Hayward, Cal.*

(20) OCCUPATION *H. W.*

(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 ... *alive* ... at ... *10* ... M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) *D. A. Roman*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Charleston S.C.*

Given name added from a supplemental report

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

(27) Filed *June 1, 1914* (28) *Geo. A. Roberts* 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.

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.