

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.

Law. of Columbia.

(1) PLACE OF BIRTH

County of Charleston.....

Township of

or
Inc. Town ofor
City of Charleston S.C. (No. 63 Broad..... St.; 1..... Ward)

(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

75953

Registration District No. 9A Registered No. 928

(For use of Local Registrar)

(2) Full Name of Child Jona. Meslit..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

2

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 5, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Meslit

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Porter

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Addie Milliken

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Maid

(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 10:30... A....M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Philippa Turner.....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife8 Montague St.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed

9/61916

(28)

J. Meslit

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If