

(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

80534

Registration District No. 9A Registered No. 11 220

(For use of Local Registrar)

(2) Full Name of Child Mary Paul

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? twins(5) Number in order of birth 1st(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 16 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Paul(9) PRESENT POSTOFFICE OF FATHER 146 Cummin(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE St Helena's Island(13) OCCUPATION Long Laborer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Wm Lockwood(15) PRESENT POSTOFFICE OF MOTHER 146 Cummin(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE city(19) OCCUPATION domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 30 P M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Alex Myer(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness Midwife

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

(27) Filed 10/19/16

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(28)

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.