

## (1) PLACE OF BIRTH

County of

*Charleston S.C.*

Township of

or  
Inc. Town of  
orCity of *Charleston S.C.*

(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

45548

Registration District No. *9A*Registered No. *85*

(For use of Local Registrar)

(2) Full Name of Child *Margaretta Smith*

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>January 25th</i>
<small>To be answered only in event of Twins or Triplets</small>			<small>(Name of Month) (Day) (Year)</small>	

## FATHER.

(8) FULL NAME *William Smith*

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

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *21* (Years)

(12) BIRTHPLACE *Edisto S.C.*

(13) OCCUPATION *Porter*

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

## MOTHER.

(14) NAME BEFORE MARRIAGE *Elizabeth Smith*

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

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE *Charleston S.C.*

(19) OCCUPATION *House keeper*

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *Twelve P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Miss J. C. Fuller*

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

*Midwife 71 Coming St.*

Given name added from a supplemental report

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Registrar

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

(27) Filed *1/27* 191*6* (28) *J. C. Fuller* 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.