

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. R.—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 8.

McClaw, of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registration	
County of <u>Charleston, S.C.</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		48291	
Township of		Registration District No. <u>9A</u>		Registration No. <u>779</u>	
Inc. Town of		City of <u>Charleston, S.C.</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
(2) Full Name of Child <u>Sarah Whaley</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>18</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 27</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Charley Whaley</u>			(14) NAME BEFORE MARRIAGE <u>Martha White</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Jacksonville, Fla.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>James Island, S.C.</u>			(18) BIRTHPLACE <u>James Island, S.C.</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Washerwoman</u>		
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was born <u>alive</u> , at <u>6:30</u> A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>L. H. R. Roche</u>		(24) State whether Physician or Midwife <u>Physician</u>			
(25) Address of Physician or Midwife <u>Roper Hospital City</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)			
....., 191.....		(27) Filled <u>3/2</u> 191 <u>6</u> (28) <u>J. Mercis Green M.D.</u> Local Registrar			
..... 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