

FORM NO. 1
MARGIN RESERVED FOR BINDING.
WHITE PLAINLY WITH UNFADING INK.

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.

McKay, of Columbia.

(1) PLACE OF BIRTH

(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

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

306972

1364

Registration District No. 9A Registered No. 1364
(For use of Local Registrar)
St. Bakers Sanatorium Ward
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Naomi Jaffe

(3) BOY OR GIRL? G (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 25 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert N. Jaffe
(9) PRESENT POSTOFFICE OF FATHER City
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Russia
(13) OCCUPATION Traveling Fur Buyer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Kubosky
(15) PRESENT POSTOFFICE OF MOTHER Baltimore City
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Baltimore md.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 noon M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Baker md
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 12/17 1917 (28) Theresa J. D. 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.
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