

MEGAN SP. COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

17906

Registration District No. 9A

Registered No. 892
 (For use of Local Registrar)

(2) Full Name of Child

Baby Mack

If child is not yet named, make supplemental report directed

(3) BOY OR GIRL Girl

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married No

(7) DATE OF BIRTH

June 4 - 22
 (Name of Month) (Day) (Year)

(8) FULL NAME

J. B. Ashley

(9) PRESENT POSTOFFICE OF FATHER

Unknown

(10) COLOR OR RACE

Sp.

(11) AGE AT LAST BIRTHDAY

18(?)
 (Years)

(12) BIRTHPLACE

Fla.

(13) OCCUPATION

Laborer

(14) NAME BEFORE MARRIAGE

Still Mack

(15) PRESENT POSTOFFICE OF MOTHER

Char

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

14
 (Years)

(18) BIRTHPLACE

John's Island, S.C.

(19) OCCUPATION

Domestic

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

1

(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 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D. [Signature] [Signature] [Signature]
1115 [Signature] [Signature] [Signature]

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6/6

(28)

J. Meritt Green

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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