

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M.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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Charleston
 Township of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
48284

Inc. Town of Registration District No. 9A Registered No. 736
 or
 or
 City of Charleston (No. 15 St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Helen Humphreys If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 7 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Wade Cullen Humphreys
 (9) PRESENT POSTOFFICE OF FATHER Charleston
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45 (Years)
 (12) BIRTHPLACE Anderson S.C.
 (13) OCCUPATION Supt. Fertilizer Co.
 (20) Number of children born to mother, including present birth two

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna Helen Walker
 (15) PRESENT POSTOFFICE OF MOTHER Charleston
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Charleston S.C.
 (19) OCCUPATION
 (21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife MD. City

Given name added from a supplemental report 1st
 Registrar
 (26) Witnesses (Signature of Witness necessary only when question 22 is signed by mark.)
 (27) Filed 3/9 1st 6 (28) J. Mercer Green M.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.