

(1) PLACE OF BIRTH

County of CharlestonTownship of St. Phillips

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

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
71850Registration District No. 909Registered No. 138

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Baby Girl Theresette

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?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Charles C. Theresette

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37

(Years)

(12) BIRTHPLACE

Hamburg, Germany

(13) OCCUPATION

Merchant

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

Two

(14) NAME BEFORE MARRIAGE

Miss Magdalena Redinger

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Philadelphia Pa.

(19) OCCUPATION

Housewife

(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 born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) F. A. Myers, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician 136 Tread Street

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug. 31, 1916(28) C. F. Myers

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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FORM NO. 6  
WHEN PLAINLY, WITH INK, IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
McCaw, of Columbia, FIRST-PORN, No. 1, THE OTHER, No. 2, etc., in question 5.