

MARGIN RESERVED FOR BINDING.

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

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH County of <u>Charleston</u> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Township of ..... or Inc. Town of ..... Registration District No. <u>9A</u> or City of <u>Charleston</u> (No. <u>29 Percy</u> St.; ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		File No.—For State Registrar Only <u>75991</u>
(2) Full Name of Child. <u>Emily M. Charleston</u>		Registered No. <u>974</u> (For use of Local Registrar) If child is not yet named, make supplemental report as directed
(3) <del>MALE</del> OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth To be answered only in event of Twins or Triplets
(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>Sept. 17, 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.
(8) FULL NAME <u>James B. Charleston</u>		(14) NAME BEFORE MARRIAGE <u>Ida L. Lindsey</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>colored</u>
(12) BIRTHPLACE <u>Charleston S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(13) OCCUPATION <u>Steward Country Club</u>		(18) BIRTHPLACE <u>Charleston S.C.</u>
(19) OCCUPATION <u>dress maker</u>		(20) Number of children of this mother now living, including present birth <u>1</u>
(21) Number of children born to mother, including present birth <u>2</u>		(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>7:50</u> A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) <u>Sarah C. Jones midwife</u>		(24) State whether Physician or Midwife
(25) Address of Physician or Midwife <u>10 S. St. Charleston</u>		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)
Given name added from a supplemental report ..... 191..... ..... Registrar		(27) Filed <u>9/18/16</u> 191..... (28) ..... 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.