

Form No. 3  
 McCAY OF COLUMBIA, COLUMBIA, S. C.  
 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.

(1) PLACE OF BIRTH

County of Charleston  
 Township of Draytonville  
 or  
 Inc. Town of Rt. 3  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25329

Registration District No. 1000

Registered No. 43  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Whitenburg

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 5 19 21  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Thos. Jefferson  
 (9) PRESENT POSTOFFICE OF FATHER Boffing St.  
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 21 (Years)  
 (12) BIRTHPLACE Charleston, S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Dora, Lipscomb  
 (15) PRESENT POSTOFFICE OF MOTHER None  
 (16) COLOR OR RACE None (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE None  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alice at 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel X Best  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Boffing St. #5  
 Given name added from a supplemental report .....  
 (26) Witness D. H. McPherson (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 5 1921 (28) M. B. Hendrix 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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