

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of

or
City of Charleston SC

(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. 84627 For State Registrar Only

Registration District No. 9A

Registered No. 1240
(For use of Local Registrar)

(No. 58 Commung St.; 4 Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Mary Mae

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH MAR 27 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William Mack
(9) PRESENT POSTOFFICE OF FATHER Charleston SC
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE James Island
(13) OCCUPATION laborer
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Eliza Brown
(15) PRESENT POSTOFFICE OF MOTHER Charleston SC
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE James Island
(19) OCCUPATION Washer
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 6:45 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Philippa Burne
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 8 Montague

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 11/11 1916 (28) J. McCrean, M.D. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born alive, it must not be reported as stillborn. No report is desired of stillbirths before the a supplemental report.

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.
Caw. of Columbia.

(Date of) Filed 11/13/16 10
Registrar Cor. 2/2/59 Leon Brown, M.D. Registrar
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