

1990

PLACER OF BIRTH	PLACER OF BIRTH

County of Charleston State of SOUTH CAROLINA

.....

.....

Charleston S

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

2) Full Name of Child William McCarty If child is not yet named, make supplemental report as directed

2. SEX OF CHILD <i>boy</i>	3. RACE or Ethnicity <i>1</i>	4. BIRTHDAY month of birth	5. AGE in years <i>12</i>	6. DATE OF BIRTH <i>Jan 3, 1963</i>
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FATHER.	MOTHER.
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NAME William McCanta (14) DOES REPORT EMMA HAYNE

Charleston S.C. (70) ~~SECRET~~ Charleston S.C.

(10) COLOR Colored (11) AGE AT LAST DEPARTURE 25 (12) AGE AT LAST DEPARTURE 32

Monkscomer S.C. Monkscomer S.C.

THE OCCUPATION	LABORER	THE OCCUPATION	HOUSE WIFE
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26	Number of children born to number of children born to number of children born to	one
27	Number of children of this mother number of children of this mother number of children of this mother	one

CRIMINAL RECORDS OF A SUSPECTED PAYNOR OR ENDORSEER

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

(22) (Signature)	<i>[Signature]</i>	(23) Address of Physician	<i>[Address]</i>
(24) State whether Physician or Non-Physician	Physician or Non-Physician	(25) Address of Physician	<i>[Address]</i>

Give some address from a neighborhood

DATE 11-11-77 (Signature of Witness necessary only when question is signed by inmate)

..... 14 19 (27) Filed 1/16 24 19
 When there was no attending physician or midwife, then the father, householder, etc., should make the return.

If a child breathes even once, it must not be reported as stillborn. No report is desired or allowed before the fifth month of pregnancy.

NAME _____ **PHOTO** _____ **DATE** _____

