(1) PLACE OF BIRTH

County of Charleston

Township of .....

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

Title No. For State Registrar only

48373

Registration District No. 9A Registered No. 129 (For use of Local Registrar)

(No. 4 1/2 Summer St.; 10 Ward)

(2) Full Name of Child ..... 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
Girl	—	—	Yes	Feb, 1st, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Guy Mannering Perry

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Book Keeper in Bank

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Moore

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE McClellanville S.C.

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth Second

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 10 P M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. Ripon Wilson M.D.

(24) State Whether Physician or Midwife Physician

(25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed 2/7 1916 J. Mercer Green M.D. 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.

WHITE 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.