

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.
 McCray of Columbia.

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of
 or
 Inc. Town of
 or
 City of Charleston S.C.
 (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.—For State Registrar Only
84655

Registration District No. 4A

Registered No. 12105
 (For use of Local Registrar)
 St.; 10 Ward)
 (Name of street and number.)

(2) Full Name of Child Mary-Elizabeth Gaines
 If child is not yet named, make supplemental report as directed

(3) GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 16 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thomas Jerome Gaines
 (9) PRESENT POSTOFFICE OF FATHER 30 Shepherd St. Charleston, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39? (Years)
 (12) BIRTHPLACE Gainesville, Ga.
 (13) OCCUPATION Proprietor of Restaurant
 (20) Number of children born to mother, including present birth Three

MOTHER.
 (14) NAME BEFORE MARRIAGE Ethel Virginia Broutens
 (15) PRESENT POSTOFFICE OF MOTHER 30 Shepherd St Charleston, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE Charleston, S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. A. Broutens
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 532. Meeting St

Given name added from a supplemental report
 191
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. Mercedes Green D.D.
 (27) Filed 11/20/16 1916 (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 fourth month of pregnancy.

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S. A. F. T. Y. A. F. I.