

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.
 McCaw of Columbia.

(1) PLACE OF BIRTH

County of *Charleston S.C.*

Township of

or
Inc. Town of

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)

(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?

(To be answered only in case of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Nov. 16*

(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?

(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 Brouthers

(15) PRESENT POSTOFFICE OF MOTHER

30 Shepherd St. Charleston, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(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. Brouthers*

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

532. Meeting St.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed

11/20/16

(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.

Registrar

Filed

11/20/16

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.