

## (1) PLACE OF BIRTH

County of Beeson  
 Township of Harris  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**18387**

Registration District No. 1602 Registered No. 68  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mahoney McEwen McCay If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twin or Triplets (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 6, 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Mahoney McCay</u>	(14) NAME BEFORE MARRIAGE <u>Emma McCay</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Beeson R 1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Beeson R 1</u>
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>Five</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret McNeil  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Rock SC

Given name added from a supplemental report

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

(27) Filed June 15, 1922 (28) 137 Hae S. 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 sixth month of pregnancy.