

McCAY, of Columbia. 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.

(1) PLACE OF BIRTH
County of Charleston
Township of _____
or
Inc. Town of _____
or
City of Charleston (No. 35 Lucas St.)
(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
84641

(2) Full Name of Child Shirley Louise Tough } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? MC (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 7 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Tough
(9) PRESENT POSTOFFICE OF FATHER Charleston
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Charleston
(13) OCCUPATION labor
(20) Number of children born to mother, including present birth } 1

MOTHER.
(14) NAME BEFORE MARRIAGE Miss Wynn
(15) PRESENT POSTOFFICE OF MOTHER Charleston
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Charleston
(19) OCCUPATION house work
(21) Number of children of this mother now living, including present birth } 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Anna Johnson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 32 Sumner St.

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled 11/15/16 (28) J. Mercie 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.

Reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
Filed 11/24/16
Registrar