

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Loc. Town of

or

City of Charleston

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sybil Yvonne McCaughy (No. 140 King St.; Ward)(3) BOY OR GIRL Girl(4) Twin or Triplet? 1(5) Number in order of birth 2(6) Are Parents Married? Yes

DATE OF BIRTH

Aug 13 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harrell Gibson McCaughy(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Texas(13) OCCUPATION Chauffeur

MOTHER.

(14) NAME BEFORE MARRIAGE Laurie Estelle Wood(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE South Carolina (Calhoun Co)(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth Five(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) D. E. Bowers md

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8/22 19 25

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.

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.