

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston  
Township of .....  
or  
Inc. Town of Charleston  
or  
City of Charleston

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

File No. — For State Registrar Only  
**29199**

Registration District No. 9 A  
(No. 8 1/2 Bogard)  
Registered No. 1325  
(For use of Local Registrar)  
St.; ..... Ward)

(2) Full Name of Child Carlin McRae Black  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Y (4) Twin or Triplet?    (5) Number in order of birth    (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 17 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Robt Newton Black  
(9) PRESENT POSTOFFICE OF FATHER Charleston  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Beeton Co  
(13) OCCUPATION Clerk

MOTHER.  
(14) NAME BEFORE MARRIAGE May Cooper Smith  
(15) PRESENT POSTOFFICE OF MOTHER Charleston  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Boston Mass.  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth Three  
(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 Alex at 7 A.M. on the date above stated. (Born alive or still-born) (Hour A. M. or P. M.)  
(23) (Signature) M. V. Moore  
(24) State whether Physician or Midwife Physic (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 9/18 1922 J. Mercier Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.