

FORM NO. 7. MARGIN RESERVED FOR BINDING C. WITHIN PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. 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 2.

(1) PLACE OF BIRTH

County of **Charleston**

Township of .....

Inc. Town of .....

City of **Charleston**

(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

**6127**

Registration District No. **9A**

Registered No. **346**

(For use of Local Registrar)

(2) Full Name of Child **John Jerome Baby Escoffier**

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

**Boy**

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? **Yes**

(7) DATE OF BIRTH **Feb. 16 1923**  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

**Claude Henry Escoffier**

(9) PRESENT POSTOFFICE OF FATHER

**City**

(10) COLOR OR RACE

**White**

(11) AGE AT LAST BIRTHDAY **38**  
(Years)

(12) BIRTHPLACE

**City**

(13) OCCUPATION

**Clerk- Bagging Factory**

(14) Number of children born to mother, including present birth

**5**

(14) NAME BEFORE MARRIAGE

**May Celestus Gaffney**

(15) PRESENT POSTOFFICE OF MOTHER

**City**

(16) COLOR OR RACE

**White**

(17) AGE AT LAST BIRTHDAY **34**  
(Years)

(18) BIRTHPLACE

**City**

(19) OCCUPATION

**Housewife**

(20) Number of children of this mother now living, including present birth

**5**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was **alive** at **2 A.M.** on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) **T. P. Maguire**  
(23) State whether Physician or Midwife (24) Address **187 Calhoun**

**M.D.**

Given name added from a supplemental report

**9/28/42**  
**M. B. M. B. M. B.**  
Registrar

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

(26) Filed **1923** (27) 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.

STATE BOARD OF HEALTH