

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—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.
McCauley of Columbia.

(1) PLACE OF BIRTH
County of Charleston S.C.
Township of
OR
Inc. Town of
OR
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
75973

Registration District No. 9A Registered No. 951
(For use of Local Registrar)
City of Beaufort (No. 73) 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 Lucile Callington } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 12 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jack Callington
(9) PRESENT POSTOFFICE OF FATHER Beaufort S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Beaufort S.C.
(13) OCCUPATION Laborer on R. R.
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Rachel Deirin
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Georgetown S.C.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was Born Alive 7:00 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. Brooks, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9/13 1916 (28) 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.