

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 8.

McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Charleston
 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
45568

Registration District No. 9A Registered No. 62
 (For use of Local Registrar)
 No. 24 Lucas 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 Perrill McGray } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u> <small>Is to be assigned only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jul. 17</u> <u>1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Philip McGray

(9) PRESENT POSTOFFICE OF FATHER 24 Lucas

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE John's Island

(13) OCCUPATION Chauffeur

(20) Number of children born to mother, including present birth 1 one

MOTHER.

(14) NAME BEFORE MARRIAGE Corine McHoney

(15) PRESENT POSTOFFICE OF MOTHER 24 Lucas

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE John's Island

(19) OCCUPATION Womestic

(21) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miss M. J. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife 14th Street

Given name added from a supplemental report

(26) Witness M. J. ...
 (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed 1/21 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.