

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of *Charles*  
Township of .....  
or  
Inc. Town of .....  
City of *Charles*  
(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**

(2) Full Name of Child *Perrie McGray* } 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 *Jul 17 1916*  
(Name of Month) (Day) (Year)

## 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 *Wright Island*  
(13) OCCUPATION *Chauffeur*  
(20) Number of children born to mother, including present birth *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 *17* (Years)  
(18) BIRTHPLACE *John's Island*  
(19) OCCUPATION *Womaster*  
(21) Number of children of this mother now living, including present birth *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) *Philip McGray*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *14th Street*

Given name added from a supplemental report

(26) Witness *Midwife*  
(Signature of witness necessary only when question 23 is signed by mark)

(27) Filed *11/21 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.