

N. E.—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 6.

McCauley 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

84645

Registered No. 1473

(For use of Local Registrar)

Registration District No. 9A

(No. 36 Caroline St.)

St.; ..... Ward)

(2) Full Name of Child James William Meynardie Jr.

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  
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Nov. 10, 1906

(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER James Wm Meynardie

(9) PRESENT POSTOFFICE OF FATHER 36 Caroline

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE St. Charleston

(13) OCCUPATION Boiler-maker

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

(14) NAME BEFORE MARRIAGE Mamie M. Lee

(15) PRESENT POSTOFFICE OF MOTHER 36 Caroline

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE St. Florence Co.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. G. Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name of child from a supplemental report

3/16/42

M. B. W. Registrar

(26) Witness

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

(27) Filed 11/19/06

(28) St. Florence Co.

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.

Registrar

Filed

On

10/22/06