

Each of TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland

Township of

OR

Inc. Town of

OR

City of Columbia

(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

36173

Registration District No. 35

Registered No. 1749
(For use of Local Registrar)

(No. Robert Ross St.; Ward)

(2) Full Name of Child

Justin Paul McCarthy

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No
To be answered only in event of Twin or Triplet

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 2 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Justin P. McCarthy

(9) PRESENT POSTOFFICE OF FATHER Columbia SC

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

(12) BIRTHPLACE U.S.A.

(13) OCCUPATION Genl Manager, The State

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie True

(15) PRESENT POSTOFFICE OF MOTHER Columbia SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE U.S.A.

(19) OCCUPATION Housekeeper

(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 1:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. P. [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

[Signature]
Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 19-2

[Signature] 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.

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