

WRITE PLAINLY, WITH UNFAADING 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 V. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Charleston  
Township of .....

or  
Inc. Town of .....  
or  
City of Charleston (No. 93 Shepherd  
(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  
**45555**

Registration District No. 4A Registered No. 77  
(For use of Local Registrar)

(2) Full Name of Child Frank Lowell Hayes 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 event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH July 23rd 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mr. Francis Hayes  
(9) PRESENT POSTOFFICE OF FATHER Washington D.C. 437  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE New York City  
(13) OCCUPATION Machinist U.S.N.  
(20) Number of children born to mother, including present birth First

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary M. Hayes  
(15) PRESENT POSTOFFICE OF MOTHER 93 Shepherd St Charleston  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Moncks Corner S.C.  
(19) OCCUPATION Domestic  
(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 Alive at 1:30 a. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Cannon M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
1 Cannon St.

Given name added from a supplemental report

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

(27) Filed 1/26 1916 (28) J. Merck Green M.D. 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.