

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 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
63344

Registration District No. 4A Registered No. 563
 (For use of Local Registrar)
 (No. Rapley Hospital St.; W. O. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marcell Elizabeth Duvie If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 2, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Duvie

(9) PRESENT POSTOFFICE OF FATHER 64 Beaufain

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE Char. Co.

(13) OCCUPATION Painter

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

MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice McPherson

(15) PRESENT POSTOFFICE OF MOTHER 64 Beaufain

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Sanders, England

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 7 P. M.

(23) (Signature) B. S. Green
 (24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Rapley Hospital.

Given name added from a supplemental report
 _____ 191_____

 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 6/4/16 (28) J. Merce 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.