

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.

MCCAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson

Township of

OF

Inc. Town of

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3A

File No.—For State Registrar

40718

Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Boy Charles M. McPhail If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet? ONE(5) Number in order of birth 7(6) Are Parents Married? Yes(7) DATE OF BIRTH April 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Peter Charles McPhail(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 49
(Years)(12) BIRTHPLACE Anderson Co(13) OCCUPATION Mail Carrier(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Jura Hanna(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39
(Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Crayton(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 4-10-22 (28) J. B. Crayton
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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