

## (1) PLACE OF BIRTH

County of **Charleston**.....

Township of .....

OR  
Inc. Town of .....City of **Charleston**.....

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

(2) Full Name of Child **George McQuay Jr.**

File No.—For State Registrar Only

**41252**Registration District No. **9 A**Registered No. **1894**  
(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL? **Boy**

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth **1**(6) Are Parents Married? **yes**(7) DATE OF BIRTH **Dec 30** 19**22**  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME **George McQuay**(9) PRESENT POSTOFFICE OF FATHER **U.S. Navy**(10) COLOR OR RACE **White**(11) AGE AT LAST BIRTHDAY **35**  
(Years)

(12) BIRTHPLACE

**Md.**

(13) OCCUPATION

**C. P. O/ in Navy**

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

**1**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Rena Bennett**(15) PRESENT POSTOFFICE OF MOTHER **88 Anson St.**(16) COLOR OR RACE **White**(17) AGE AT LAST BIRTHDAY **32**  
(Years)

(18) BIRTHPLACE

**City**

(19) OCCUPATION

**Domestic**

(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 **6 P.** M.,  
on the date above stated. **born alive or stillborn** (Hour A. M. or P. M.)(23) (Signature) **Mrs. S. M. M. M.**(24) State whether Physician or Midwife **Midwife**(25) Address of Physician or Midwife **187 E. 1st St.**

Given name added from a supplemental report

(26) Witness

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

(27) Filed **12/31/22**

(28)

Registrar

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 9th month of pregnancy.