

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Register Only

3160

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.)

Registration District No. 9 ARegistered No. 247

(For use of Local Registrar)

(2) Full Name of Child Gordon Mackay

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

(1) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH February 21, 1913

(Name of Month) (Day) (Year)

(8) FULL NAME Paul Mackay

FATHER

(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 19 yrs

(Years)

(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION shoe maker(14) Number of children born to mother, including present birth One(14) NAME BEFORE MARRIAGE Yvonne Mackay

MOTHER

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 17

(Years)

(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Student(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(22) (Signature) [Signature](23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(25) Witness [Signature]

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

(26) Filed 773 23(27) Local Registrar [Signature]

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.