

(1) PLACE OF BIRTH

County of *Clayton*Township of *Santee*or
Inc. Town of

City of

(No. St. Ward)

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

(2) Full Name of Child *Corey M. McKinney*

File No. — For State Registrar Only

3773

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *1313*Registered No. *7*

(For use of Local Registrar)

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

(3) BOY OR GIRL *girl*

(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 3, 1920*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Fred M. McKinney*(9) PRESENT POSTOFFICE OF FATHER *Jordan SC*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *25* (Years)(12) BIRTHPLACE *SC*(13) OCCUPATION *Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE *Marie Bowman*(15) PRESENT POSTOFFICE OF MOTHER *Jordan SC*(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *20* (Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *H. W.*(20) Number of children born to mother, including present birth *One*(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 *10:00* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *L. P. B. B. B.*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Jordan SC*

Given name added from a supplemental report

(26) Witness

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

(27) File # *46*19 *20*

(28)

a. f. white

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.