

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of Wadsworth

City of .....

(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

32158

Registration District No. 40-3 Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child... Sora Louise McKee ... If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl(4) Twin or Triplet? X

To be marked only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 3, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME O E McKee(9) PRESENT POSTOFFICE OF FATHER Woodruff SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 43  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Police

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

11

## MOTHER.

(14) NAME BEFORE MARRIAGE Ciddie O'Leary(15) PRESENT POSTOFFICE OF MOTHER Woodruff SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 44  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Dom.

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

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Woodruff SC

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 Oct 10, 1922 (28) Chas L Boyter 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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