

(1) PLACE OF BIRTH

County of Korry

Township of

or
Inc. Town of Lawneyor
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

64764

Registration District No. 2-5A Registered No. 2-2
(For use of Local Registrar)(2) Full Name of Child Bertha McKenney { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm McKenney(9) PRESENT POSTOFFICE OF FATHER Lawney S.C.(10) COLOR OR RACE Negron (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Labour(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Allen(15) PRESENT POSTOFFICE OF MOTHER Lawney S.C.(16) COLOR OR RACE Negron (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE

(19) OCCUPATION at home(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Butler(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lawney S.C.

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 July 5 1916 (28) Attest 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.

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
No. 2.—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.
Cav. of Columbia