

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of

or
Inc. Town ofCity of Charleston S.C.

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

Registration District No. 9ARegistered No. 2017
(For use of Local Registrar)(2) Full Name of Child Vera Evelyn McKill

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? One (5) Number in order of birth One (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 19 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William J. McKill(14) NAME BEFORE MARRIAGE Izetta Dand(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(10) COLOR OR RACE Col red (11) AGE AT LAST BIRTHDAY 35 (Year)(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Beaufort S.C.(18) BIRTHPLACE Charleston S.C.(13) OCCUPATION Blacksmith(19) OCCUPATION House wife(20) Number of children born to mother, including present birth Two(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)(23) (Signature) Martha Howard(24) State whether midwife(25) Address of Physician or Midwife 52 Ashe St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Green(27) Filed 12/19 19 22 Local Registrar J. Mercer

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.

When there was no attending physician or midwife, then the father, householder, etc., should make this return before the fifth month of pregnancy. No report is desired of stillbirths before the fifth month of pregnancy.

STATE OF South Carolina)

COUNTY OF Charleston)

PERSONALLY appeared before me a Notary Public of South Carolina,
(Name) Izetta McGill, who being duly sworn deposes and
says that: in checking the record of birth for ~~his~~/her child born 12/15/22
as registered in the Charleston Health Department, Charleston,
South Carolina, (record no. 2017), ~~he~~/she finds the
following corrections necessary:-

Her maiden name was given as Izetta Daniel and this should be Izetta Daniel PIERCE
as her given name is Izetta Daniel and the maiden name is PIERCE

that the above is a true and correct statement of facts and that
these corrections should appear on the record as filed by the
attendant at the birth.

Signed Izetta M C McGill.
mother/~~father~~

SWORN to before me

Address 91 Congress St., Charleston, S.C.

this 23 day of Aug. A.D. 194¹.

Annus Foregnall
Notary Public of SC