

(1) PLACE OF BIRTH

County of Columbia  
 Township of Strom  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**25631**

Registration District No. 140..... Registered No. 5-8.....  
 (For use of Local Registrar)

(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 Charles Rushon Mackey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth ..... (6) Are Parents Married? ☒ (7) DATE OF BIRTH June 10 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John Mackey  
 (9) PRESENT POSTOFFICE OF FATHER Summers S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION General Mechanic  
 (22) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Hattie Nora Rushon  
 (15) PRESENT POSTOFFICE OF MOTHER Summers S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House Worker  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Nora Mackey  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Summers S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 1 1922 (28) Hattie Kinney 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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