

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofCity of Greenville

(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

No. 14. - For State Registrar Use

28442

Registration District No. 22aRegistered No. 457

(For use of Local Registrar)

(No. 434 James Alley

St.; Ward)

(2) Full Name of Child Mack McKinney

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Age at Birth

(7) DATE OF BIRTH

Sept. 12, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mack McKinney

(9) PRESENT POSTOFFICE OF FATHER

Greenville, S. C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

26

(Year)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Mill hand

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Sherman

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S. C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

16

(Year)

(18) BIRTHPLACE

Greenville, S. C.

(19) OCCUPATION

Laundry

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated.
(Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) Hattie Saine

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

352 Leach St.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Full Name

Sept 13, 23

(28)

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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