

(1) PLACE OF BIRTH

County of Edgfield
 Township of Shaw

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
52048

or
 Inc. Town of Registration District No. 1810 Registered No. 9
 or
 City of (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 Fannie McKennie If child is not yet named, make supplemental report as directed

| | | | | |
|--------------------------------|--|---------------------------------------|---------------------------------------|---|
| (3) BOY OR GIRL <u>girl</u> | (4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small> | (5) Number in order of birth <u>3</u> | (6) Are Parents Married? <u>No</u> | (7) DATE OF BIRTH <u>March 20, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
|--------------------------------|--|---------------------------------------|---------------------------------------|---|

FATHER.

(8) FULL NAME Nathan McKennie

(9) PRESENT POSTOFFICE OF FATHER Trenton S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm Land

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ella Bird

(15) PRESENT POSTOFFICE OF MOTHER Trenton S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farm Land

(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 Alive at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Beula O. Clark

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Trenton S.C.

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness W. R. Moss
 (Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed March 20, 1916 (28) J. R. Moss
 Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.
 Sav. of Columbia