

## (1) PLACE OF BIRTH

County of Guernsey  
 Township of Bates  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

3000

Registration District No. 2201Registered No. 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 Mamie Clara

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 2, 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henderson McKinstry  
 (9) PRESENT POSTOFFICE OF FATHER Troulers Rest S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Harmer  
 (14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Gray  
 (15) PRESENT POSTOFFICE OF MOTHER Same  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (20) 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 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Feb 23, 1923(28) Dr. Shouse 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.

State of South Carolina, Columbia, S. C.  
 I, B. B. case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.