

(1) PLACE OF BIRTH

County of WickenTownship of Langley

or

Inc. Town of Langley

or

City of Langley

(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

File No. — For State Registrar Only

37006

Registration District No. 717A Registered No. 1114
(For use of Local Registrar)

(2) Full Name of Child

Lester + [unclear] McKenney

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

(3) BOY OR GIRL? Boys(4) Twin 2(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME S. L. McKenney(9) PRESENT POSTOFFICE OF FATHER Langley S. C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE North Carolina(13) OCCUPATION Cotton Mill(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Quida Pearl(15) PRESENT POSTOFFICE OF MOTHER Langley S. C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE Georgia(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born Nov. 21, 1922 at 6 A. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Allison(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Langley S. C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Dec. 5, 1922(28) L. W. Spradley

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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