

MASSACHUSETTS RESERVE FOR BINDING.

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of York  
Township of Grantville  
or  
Inc. Town of .....  
or  
City of .....  
(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  
**45162**

Registration District No. 2 B Registered No. 4  
(For use of Local Registrar)  
City of ..... St. .... Ward .....  
(2) Full Name of Child Lucy Josephine McKay If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 31 1916  
(Name of Month) (Day) (Year)  
To be answered only in case of Twins or Triplets

**FATHER.**  
(8) FULL NAME Allen Harrison McKay  
(9) PRESENT POSTOFFICE OF FATHER Grantville SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Grantville  
(13) OCCUPATION Mechanic  
(20) Number of children born to mother, including present birth Two

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Laura Coxon  
(15) PRESENT POSTOFFICE OF MOTHER Grantville  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Augusta  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was born alive at 11 Rank on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) C. B. Blair  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Grantville

Given name added from a supplemental report  
9/10 1916  
C. W. Miller  
Super Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 1916 (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.

Registrar I  
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M. H. McCaw, of Columbia.