

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 Graniteville  
County of DeKalb  
Township of Graniteville  
or  
Inc. Town of ..... Registration District No. 2 B Registered No. 4  
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 Lucy Loretta McKay If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
**45162**

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 31 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Allen Harrison McKay</u>			(14) NAME BEFORE MARRIAGE <u>Laura Coxon</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Graniteville Sc</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Graniteville</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
(12) BIRTHPLACE <u>Graniteville</u>			(18) BIRTHPLACE <u>Augusta</u>	
(13) OCCUPATION <u>Mechanic</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 Rock M. 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 Graniteville

Given name added from a supplemental report

9/10 1916

C. B. Blair Registrar

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

(27) Filed 191 (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

\*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.