

Form No. 1

## (1) PLACE OF BIRTH

County of Silton  
 Township of Manning  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17430

Registration District No. 1605 Registered No. 215

(For use of Local Registrar)

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

3. BOY OR GIRL <u>Girl</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>June 5 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Herbert McKee</u>	(14) NAME BEFORE MARRIAGE <u>Estelle Sellers</u>			
9. PRESENT POSTOFFICE OF FATHER <u>Silton S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Silton S.C.</u>			
10. COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	16. COLOR OR RACE <u>Caucasian</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
12. BIRTHPLACE <u>Silton S.C.</u>	18. BIRTHPLACE <u>Silton S.C.</u>			
13. OCCUPATION <u>Public Work</u>	19. OCCUPATION <u>Home work</u>			
20. Number of children born to mother, including present birth <u>2</u>	21. Number of children of this mother now living, including present birth <u>2</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 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eunshine Manning  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Silton S.C.

Given name added from a supplemental report

(26) Witness Signature of Witness necessary only when question 23 is signed by marks  
B. J. Wilson  
 (27) Filed 6/8 1923 (28) B. J. Wilson  
 Registrar 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.