

(1) PLACE OF BIRTH

County of WilliamsTownship of Shure Branch

or

Inc. Town of Shure Branch

or

City of Shure Branch

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31221

Registration District No. 11505Registered No. 30
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Robert McKinn(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 2, 22
(Name of Month) (Day) (Year)(8) FULL NAME FATHER William M. McKinn(9) PRESENT POSTOFFICE OF FATHER Shure Branch(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Capefield No. 10(13) OCCUPATION Farming(14) NAME BEFORE MARRIAGE Lillie Mae Reynolds(15) PRESENT POSTOFFICE OF MOTHER Shure Branch(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Capefield No. 10(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.(23) (Signature) L. B. Adams (Born alive or stillborn) (Hour A. M. or P. M.)(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Shure Branch

Given name added from a supplemental report

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

(27) Filed Sept 2, 22 (28) L. B. Adams 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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Bureau of Columbia, Columbia, S. C.