

Form No. 1

(1) PLACE OF BIRTH

County of Somerset  
Township of Blossmont Hill  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4376

Registration District No. 2806

Registered No. 28  
(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 Elizabeth Mackey

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 1, 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andrew Ira Mackey  
(9) PRESENT POSTOFFICE OF FATHER Heath Springs S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31  
(Year)  
(12) BIRTHPLACE Somerset Co  
(13) OCCUPATION Book Keeper

MOTHER.

(14) NAME BEFORE MARRIAGE Corrine Bruce  
(15) PRESENT POSTOFFICE OF MOTHER Heath Sp  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26  
(Year)  
(18) BIRTHPLACE Somerset Co  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (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 alive M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Rutledge  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

(Given name added from a supplemental report)

May 4, 1923  
James S. Sainey

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

(27) Filed Feb 1 1923 (28) C. J. Hammond 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.

USE SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN No. 1 THE OTHER, No. 2, etc., in question 3

Revised at Columbia, Columbia S. C.