

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
4376

County of Spartanburg  
Township of Blount Hill  
or  
Inc. Town of.....  
or  
City of.....

Registration District No. 2806 Registered No. 24  
(For use of Local Registrar)

(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 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) Are Parents Married? yes (6) DATE OF BIRTH Feb 1, 1923  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(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 Spartanburg Co  
(13) OCCUPATION Book Keeper  
(20) Number of children born to mother, including present birth 3

(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 Spartanburg Co  
(19) OCCUPATION Domestic  
(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 Sainey

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

FIRST-BORN. No. 1 THIS OTHER, No. 2, etc., in question 2