

(1) PLACE OF BIRTH

County of AikenTownship of Langley

Inc. Town of

City of Langley S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

37007

Registration District No. 2179Registered No. 113
(For use of Local Registrar)(2) Full Name of Child Lanier McKenney If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin

To be answered only in event of Twins or Triplets

(5) Number in order of birth #2(6) Are Parents Married? yes

(7) DATE OF

BIRTH Nov 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

S. L. McKenney

(9) PRESENT POSTOFFICE OF FATHER

Langley S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

batton mill

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Onida barrell

(15) PRESENT POSTOFFICE OF MOTHER

Langley S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Georgia

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:10 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Paterson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Langley S.C.

Given name added from a supplemental report

(26) Witness

Per L. W. Spradley
(Signature of Witness necessary only when question 21 is signed by mark)(27) Filed Dec 5, 1922(28) L. W. Spradley
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.

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