

## (1) PLACE OF BIRTH

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County of SPARTANBURG.....

Township of .....11.....

or Town of.....

or Spartanburg

City of.....

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

## (2) Full Name of Child

(a) BOY OR GIRL **BOY** (b) Twin or Triplet **No** (c) Number in order of birth **1** (d) Sex **Yes** (e) Date of Birth **9.22.23** (f) Month (g) Day (h) Year

FATHER  
FULL NAME **ALBERT MCKINNEY**

PRESENT POSTOFFICE OF FATHER **Inman S.C.R. .D.**

COLOR OR RACE **Wh.** (11) AGE AT LAST BIRTHDAY **53** (Year)

(12) BIRTHPLACE **S.C.**

(13) OCCUPATION **Farmer**

(14) Number of children born to mother, including present birth **7**

MOTHER  
(14) NAME BEFORE MARRIAGE **Alpha McKinney**

(15) PRESENT POSTOFFICE OF MOTHER **Inman S.C. R.F.D.**

(16) COLOR OR RACE **Wh.** (17) AGE AT LAST BIRTHDAY **38** (Year)

(18) BIRTHPLACE **S.C.**

(19) OCCUPATION **Housewife**

(21) Number of children of this mother now living, including present birth **6**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... **Alive**... **10.30A** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **O.W. Leonard M.D.**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed **Sept. 30. 1923** (28) **Mrs. C.F. Parker** Local Registrar

Must be reported as stillborn. No report is desired if stillborn before the fifth month of pregnancy.