

## (1) PLACE OF BIRTH

County of Darlington

Township of .....

Inc. Town of Hartsville

City of .....

(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 John S. McKinnon

File No.—For State Registrar Only

17330

Registration District No. 1503Registered No. 66  
(For use of Local Registrar)(3) BOY OR  
GIRL  
Boy(4) Twin  
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes

(7) DATE OF

BIRTH JUN 8 12 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEJohn L. McKinnon(9) PRESENT  
POSTOFFICE  
OF FATHERHartsville, S.C.(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

Hartsville, S.C.

(13) OCCUPATION

Merchandise Business(20) Number of children born to  
mother, including present birth1 2

## MOTHER.

(14) NAME BEFORE  
MARRIAGEEula Sparrow(15) PRESENT  
POSTOFFICE  
OF MOTHERHartsville, S.C.(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY

(Years)

(18) BIRTHPLACE

Darlington Co. S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birth2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was live at 1.05 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. G. T. N.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

H.C.Hartsville S.C.Given name added from a supplement-  
tal reportJamie L. Lacey  
Sept. 24 1923  
Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed JUN 13 1923

(28)

W. E. G. T. N.  
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.If a child breathes even once, it must not be reported as stillborn.  
before the fifth month of pregnancy.