CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43041

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville Co

or

Inc. Town of .....

or

City of .....

Registration District No. 2-209 Registered No. 3 (For use of Local Registrar)

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

(No. 94 Church St. St. ward)

(2) Full Name of Child .....

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

(3) BOY OR GIRL? Boy

(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 Dec 20 1915 (None or Month) (Day) (Year)

FATHER.

(8) FULL NAME William H McKay

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Greenville Co

(13) OCCUPATION Mechanic

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie M. Brachan

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Greenville Co

(19) OCCUPATION Housew

(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 alive (Born alive or stillborn) at 5:45 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A Eugene Brachan

(24) State whether Physician or Midwife M D.

(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed Jan 5 1916 (28) C. M. .....
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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Registrar

Local Registrar

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

WRIT

N. B.—McCaw, of Columbia.

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