

(1) PLACE OF BIRTH

County of

Charleston

Township of

or

Inc. Town of

or

City of

Charleston

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

(2) Full Name of Child

Lillian Loraine McKenzie

File No.—For State Registrar Only

25086

Registration District No.

2A

Registered No. 1142
(For use of Local Registrar)

St.; Ward)

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug 9th 1922

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

James M. McKenzie

(9) PRESENT POSTOFFICE OF FATHER

Charleston S. C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

2.4 yrs (Years)

(12) BIRTHPLACE

James Island, S. C.

(13) OCCUPATION

Coker

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian Lykes

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S. C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

2.3 yrs (Year)

(18) BIRTHPLACE

Columbia, S. C.

(19) OCCUPATION

Housework

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

2

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Lillian Alice at 1.30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature)

Elizabeth Richardson

(24)

State whether Physician or Midwife

Midwife

(25)

Address of Physician or Midwife

363 Rutledge Ave.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

15 1922

(28)

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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