

STANDARD BLANK FOR EACH CHILD, AND MARK TO FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Charleston  
Township of St. P. St. M.  
or  
Inc. Town of  
or  
City of Lowville  
(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

10377

Registration District No. 909

Registered No. 77

(For use of Local Registrar)

(No. Pat. Terminal St. W. Ward)

(2) Full Name of Child

John Thomas

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

(3) BOY OR GIRL Boi

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

April 22 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edmond Mackinay

(9) PRESENT POSTOFFICE OF FATHER

North Charleston

(10) COLOR OR RACE

Wol

(11) AGE AT LAST BIRTHDAY

24  
(Years)

(12) BIRTHPLACE

Charleston Co.

(13) OCCUPATION

Labner at Pat. Terminal

MOTHER.

(14) NAME BEFORE MARRIAGE

Rachel Ducksame

(15) PRESENT POSTOFFICE OF MOTHER

North Charleston

(16) COLOR OR RACE

Wol

(17) AGE AT LAST BIRTHDAY

27  
(Years)

(18) BIRTHPLACE

Georgetown S. C.

(19) OCCUPATION

House work

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

1

3

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

1

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Alive at 11 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Belia Nelson

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Midwife 7 Hall

Given name added from a supplemental report

(26) Witness

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

(27) Filed

April 24 1922

(28)

C. T. Myers  
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.

Registrar

Registrar