

## (1) PLACE OF BIRTH

County of Pickens  
 Township of Pickens  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2289

Registration District No. 3721 Registered No. 4  
 (For use of Local Registrar)

(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

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Jan 9 22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8. FULL NAME <u>Carlos Edward McKinn</u>			14. NAME BEFORE MARRIAGE <u>Bulah Maynard</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Pickens, S.C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Pickens S.C.</u>	
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>19</u>	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>48</u>	
12. BIRTHPLACE <u>Pennsylvania Cr. N. C.</u>			18. BIRTHPLACE <u>Pickens C.</u>	
13. OCCUPATION <u>Vertebral Operative</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>1</u>			21. Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 10:00 a.m. on the date above stated.  
 (23) (Signature) H. D. Williams  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens, S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) 48 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.

IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2; etc. In question 5.