

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of "  
 or  
 Inc. Town of "  
 or  
 City of Spartanburg  
 (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  
**50403**

(2) Full Name of Child McKinney { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>"</u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 14 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Walter Walker McKinney</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Satterfield</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C. Sta. A</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C. Sta. A</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Spartanburg Co.</u>			(18) BIRTHPLACE <u>Spartanburg Co.</u>	
(13) OCCUPATION <u>Textile Mill</u>			(19) OCCUPATION <u>at home</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. R. Pike

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. Spartanburg S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Mar 1 1916 (28) Jas Copes 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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