

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of ShenandoahInc. Town of YorkCity of York

(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 HealthRegistration District No. 4403 Registered No. 73
(For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL <u>Male</u>	(2) <u>Male</u> To be answered only in event of Twins or Triplets	(3) Number in order of birth <u>1st</u>	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>Sept 19, 1933</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(6) FULL NAME <u>Wesley L. McKim</u>		(10) NAME BEFORE MARRIAGE <u>Marjella Douglas</u>		
(7) PRESENT POSTOFFICE OF FATHER <u>York R.D. 2</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>York R.D. #3</u>		
(8) COLOR OR RACE <u>Black</u>	(9) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
(14) BIRTHPLACE <u>South Carolina</u>		(15) BIRTHPLACE <u>South Carolina</u>		
(16) OCCUPATION <u>Farm Hand</u>		(17) OCCUPATION <u>Farm Hand</u>		
(18) Number of children born to mother, including present birth <u>1st</u>		(19) Number of children of this mother now living, including present birth <u>1st</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child who was alive at 11 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) David A. Brown, M.D.

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife
Walter, S.C.

Given name added from a supplemental report

(24) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(25) Filed 1933 (26) 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.