

(1) PLACE OF BIRTH

County of Spartanburg
 Township of W. Brown
 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

16834

Registration District No. 4010 Registered No. 25
 (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 Wm Edward McInnes (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? B (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 2nd 1922
 (Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME Ga. McKuffie
 (7) PRESENT POSTOFFICE OF FATHER Rockwell SC
 (10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE R.R. Be Master
 (13) OCCUPATION R.R. Master

MOTHER.

(14) NAME BEFORE MARRIAGE Eller Whitman
 (15) PRESENT POSTOFFICE OF MOTHER Rockwell SC
 (16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 40 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION House Keeper
 (20) Number of children born to mother, including present birth 8
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. F. McInnes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 1 1922 (28) J. W. Patchett 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.