

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46324

County of GreenvilleTownship of Bates

or

Inc. Town of

or

City of

Registration District No. 240Registered No. 4

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Claud M. E. Kinney

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan. 7, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Claud Willson McKinney

(9) PRESENT POSTOFFICE OF FATHER

Travelers Rest R.D. 1

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

21

(12) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

Farmer

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Corinne Gray

(15) PRESENT POSTOFFICE OF MOTHER

Travelers Rest R.D. 1

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

(Years)

17

(18) BIRTHPLACE

Greenville S.C.

(19) OCCUPATION

Housekeeper

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. J. Goodlett M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Travelers Rest S.C.

Given name added from a supplemental report

June 28, 1916W. W. Miller
Deputy Registrar

(26) Witness

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

(27) Filed Jan. 1916(28) R. J. Goodlett
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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

DO NOT WRITE IN THESE SPACES. PLACES RESERVED FOR REVISIONS.

WHEN FATHER, WITH WIFE, IS THE ONLY PERSON IN THE FAMILY, THE FATHER'S NAME SHOULD BE GIVEN IN THE PLACE OF THE MOTHER'S NAME.