

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Bates  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**45324**

Registration District No. 240 Registered No. 4  
 (For use of Local Registrar)  
 City of ..... (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 Claud M. G. Kenney If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No. (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 7, 1916  
To be supplied only in event of Twins or Triplets (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 21 (Years)  
 (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 17 (Years)  
 (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., (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  
James S. 1916  
W. S. 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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McCaw, of Columbia.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 THIS IS TO BE KEPT FOR THE STATE BOARD OF HEALTH.  
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