

(1) PLACE OF BIRTH

County of Anderson
 Township of Martin

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
63037

Inc. Town of Registration District No. 307 Registered No. 8-6
 or (For use of Local Registrar)
 or
 City of Soc. (No. R. L. S. # 4 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 Carl Parker McKinney } 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 7 (6) Are Parents Married? yes (7) DATE OF BIRTH June 9th 1916
 (Date of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willis Oliver McKinney

(9) PRESENT POSTOFFICE OF FATHER Soc., S.C. R. L. S. # 4

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Anderson, S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lebe Jennette Sayers

(15) PRESENT POSTOFFICE OF MOTHER Soc., S.C. R. L. S. # 4

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Anderson Co., S.C.

(19) OCCUPATION Housewife

(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 Born alive at 2:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. S. Todd, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton, S.C.

Given name added from a supplemental report

..... 101.....

Registrar

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

(27) June 9 1916 (28) R. R. R. L. S. 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia