

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of Brook River

Inc. Town of

City of

(No.) (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 Health

File No. — For State Registrar Only

47733

Registration District No. 440 Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child William Mc Kee { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 28</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>William Mc Kee</u>	(14) NAME BEFORE MARRIAGE <u>Isabella Dye</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Hickory Grove SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hickory Grove</u>
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>
(11) AGE AT LAST BIRTHDAY <u>54</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Hardin Station Ga</u>	(18) BIRTHPLACE <u>Dye town York Co</u>
(13) OCCUPATION <u>Bricklayer</u>	(19) OCCUPATION <u>Cooking</u>
(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>05</u>

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 5 o'clock M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Betsy Morgan
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hickory Grove SC

Given name added from a supplemental report

June 9 1916Currier

Registrar

(26) Witness as nurse dyle
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 31 1916 (28) C. W. Kirby 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. B.—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