

(1) PLACE OF BIRTH

County of Lancaster
 Township of Repart
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 28.04

File No. — For State Registrar Only
43200

Registered No. 2136
 (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 Mallie Frances If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Dec. 13, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Mackey
 (9) PRESENT POSTOFFICE OF FATHER Lancaster
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Lancaster
 (13) OCCUPATION farm work
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Cake Mackey
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Lancaster
 (19) OCCUPATION farm work
 (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 Born a live at 5 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature Eliza Bernadine Ford
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

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(26) Signature of Witness necessary only when question 25 is signed by mark
J. R. Thomas
 (27) Local Registrar

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