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(1) PLACE OF BIRTH  
 County of Edgefield  
 Township of Marion  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; .... Ward)  
 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  
**18434**

Registration District No. 18.06 Registered No. 28  
 (For use of Local Registrar)

(2) Full Name of Child Johnnie McKie 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 June 19, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME George McKie  
 (9) PRESENT POSTOFFICE OF FATHER Edgefield S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 1 & 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Harriet Lankham  
 (15) PRESENT POSTOFFICE OF MOTHER Edgefield S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farming  
 (20) Number of children of this mother now living, including present birth 1 & 2

**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 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Charles Abraham  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgefield S.C.

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 20, 1922 (28) Charles Abraham 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.