

## (1) PLACE OF BIRTH

County of FlorenceTownship of Wesley

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child General Earnest Mendenhall 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 8(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan, 21, 1922

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Neil Washington McKee(9) PRESENT POSTOFFICE OF FATHER Lake City(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Chadron Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

## MOTHER

(15) NAME BEFORE MARRIAGE Lilly Effie Duggan(16) PRESENT POSTOFFICE OF MOTHER Lake City SC(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 34 (Years)(19) BIRTHPLACE Florence(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Jane F. Duggan(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lake City SC

Given name added from a supplemental report

..... 101.....

..... Registrar

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

(27) Filed 7/10/22 (28) Robert Carter 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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N.C. DIV. OF COLUMBIA  
PHOTOGRAPH, No. 1. THIS OFFICE, No. 2, etc., in question 6.  
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