

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of Simpsonville

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 17775

17775

Registration District No. 2200Registered No. 76
(For use of Local Registrar)

(No. 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 Cassie McKinney

If child is not yet named, make supplemental report as directed

SEX OF CHILD

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(11) AGE AT LAST BIRTHDAY 23
(Year)

(12) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(17) AGE AT LAST BIRTHDAY 12
(Year)

(18) OCCUPATION

(19) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 2 a.m.
on the date above stated. (born alive or stillborn) (Day) (Month) (Year)

(23) (Signature)

(24) State Physician or Midwife

(25) Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 10 1922(28) L. L. Richardson

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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