

(1) PLACE OF BIRTH

County of Edgfield
 Township of West
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30045

Registration District No. 1819 Registered No. 26
 (For use of Local Registrar)

(2) Full Name of Child

Isabel M. McKie (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will McKie
 (9) PRESENT POSTOFFICE OF FATHER McConick R. F. 3
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Edgfield Co.
 (13) OCCUPATION Saw mill work
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bula Settle
 (15) PRESENT POSTOFFICE OF MOTHER McConick R. F. 3
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Edgfield Co.
 (19) OCCUPATION General work
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edna Settle

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 22 1922 (28) J. D. Hughes 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.