

## (1) PLACE OF BIRTH

County of Summerville

Township of .....

or  
Inc. Town of .....or  
City of .....

(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

21106

Registration District No. 22A Registered No. 378

(For use of Local Registrar)

(2) Full Name of Child Barbara Reimann 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 July 29 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John E. Mackey(9) PRESENT POSTOFFICE OF FATHER Summerville S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE P. E. S.(13) OCCUPATION undertaker(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Barbara Reimann(15) PRESENT POSTOFFICE OF MOTHER Summerville(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34  
(Years)(18) BIRTHPLACE Charleston P. S.(19) OCCUPATION seamstress(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Summerville on the date above stated. (Hour A. M. or P. M.)(22) (Signature) J. E. Mackey(23) State whether Physician or Midwife (24) Address of Physician or Midwife Summerville, S.C.

even name added from a supplemental report

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

(26) Filed July 31 1923 (27) C. E. Smith 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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