

(1) PLACE OF BIRTH  
County of Greenville  
Township of Bates  
or  
Inc. Town of  
or  
City of

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**46325**

Registration District No. 2201 Registered No. 5  
(For use of Local Registrar)  
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 Julia Maud Mc Kinney If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Holland McKinney  
(9) PRESENT POSTOFFICE OF FATHER R.F.D.#1 Travellers Rest, S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)  
(12) BIRTHPLACE Greenville Co, S.C  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 8

MOTHER.  
(14) NAME BEFORE MARRIAGE Texie Davis  
(15) PRESENT POSTOFFICE OF MOTHER Same  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE Greenville Co, S.C.  
(19) OCCUPATION At Home  
(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 alive at 11 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Chas. W. Person M.D.  
(24) State whether Physician or Midwife .MD (25) Address of Physician or Midwife Travellers Rest, S.C.

Given name added from a supplemental report  
Person 1916  
Person  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 28 1916 (28) J. C. C. [Signature] 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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MISSISSIPPI, W. COLUMBIA.