

(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. **3**  
(For use of Local Registrar)  
St.; Ward

(2) Full Name of Child **Julia Maud Mc**  
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)  
It child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <b>Girl</b>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <b>Yes</b>	(7) DATE OF BIRTH <b>Jan 28 1916</b> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <b>Holland McKinney</b>			MOTHER. (14) NAME BEFORE MARRIAGE <b>Texie Davis</b>	
(9) PRESENT POSTOFFICE OF FATHER <b>R.F.D.#1 Travellers Rest, S.C.</b>			(15) PRESENT POSTOFFICE OF MOTHER <b>Same</b>	
(10) COLOR <b>Black</b> (11) AGE AT LAST BIRTHDAY <b>37</b> (Years)			(16) COLOR <b>Black</b> (17) AGE AT LAST BIRTHDAY <b>31</b> (Years)	
(12) BIRTHPLACE <b>Greenville Co, S.C.</b>			(18) BIRTHPLACE <b>Greenville Co, S.C.</b>	
(13) OCCUPATION <b>Farmer</b>			(19) OCCUPATION <b>At Home</b>	
(20) Number of children born to mother, including present birth <b>8</b>			(21) Number of children of this mother now living, including present birth <b>8</b>	

**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 V. Benson**  
(24) State whether Physician or Midwife **.MD** (25) Address of Physician or Midwife **Travellers Rest, S.C.**

Given name added from a supplemental report  
**James**  
**Wm**  
**Sept**  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed **Jan 28 1916** (28) **J. E. 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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