

Form No. 1

(1) PLACE OF BIRTH

County of Dillon  
Township of Cannuchael  
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  
**42062**

Registration District No. 1601 Registered No. 113  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laura Blain McKay (No. .... St.; ..... Ward)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 10 22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME William McKay

MOTHER.  
(14) NAME BEFORE MARRIAGE Earlie Carmichael

(9) PRESENT POSTOFFICE OF FATHER Dillon S.C. R-4

(15) PRESENT POSTOFFICE OF MOTHER Dillon S.C. R-4

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Francis Baker  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hamer St.

Given name added from a supplemental report

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

(27) Filed Dec 10 22 (28) W. H. Sheehan 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.

N. B. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.