

Form No. 1

(1) PLACE OF BIRTH

County of FlorenceTownship of Cy. r. ch.or
Inc. Town ofor
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

42421

Registration District No. 2410 Registered No. 101
(For use of Local Registrar)(2) Full Name of Child Annie Pearl McKay

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Dec 19 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME J. A. McKay9) PRESENT POSTOFFICE OF FATHER Cowards SC10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 52
(Years)12) BIRTHPLACE S. C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Mary McGee15) PRESENT POSTOFFICE OF MOTHER Cowards SC16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 41
(Years)18) BIRTHPLACE S. C.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Lucas(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Cowards

Given name added from a supplemental report

(26) Witness E. L. Mountgomery
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 30 1922 (28) E. L. Mountgomery
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.