

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *Cherokee*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

50479

Inc. Town of Registration District No. *4002B* Registered No. *136*
(For use of Local Registrar)City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child. *Burr Lewis McKinney* .. { If child is not yet named, make supplemental report as directed

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|-----------------------------|--|------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <i>Boy</i> | (4) Twin or Triplet? <i>Is to be answered only in case of Twins or Triplets</i> | (5) Number in order of birth | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>Feb 25 1916</i> (Name of Month) (Day) (Year) |
|-----------------------------|--|------------------------------|-------------------------------------|--|

| | | | |
|------------------------------------|---|---|--|
| FATHER. | | MOTHER. | |
| (8) FULL NAME <i>Burr McKinney</i> | (14) NAME BEFORE MARRIAGE <i>Jennie Gaffney</i> | (9) PRESENT POSTOFFICE OF FATHER <i>Cherokee S.C.</i> | (15) PRESENT POSTOFFICE OF MOTHER <i>Cherokee S.C.</i> |

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|-------------------------------------|--|-------------------------------------|--|
| (10) COLOR OR RACE <i>Caucasian</i> | (11) AGE AT LAST BIRTHDAY <i>50</i> (Years) | (16) COLOR OR RACE <i>Caucasian</i> | (17) AGE AT LAST BIRTHDAY <i>26</i> (Years) |
|-------------------------------------|--|-------------------------------------|--|

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|-----------------------------|-----------------------------|
| (12) BIRTHPLACE <i>S.C.</i> | (18) BIRTHPLACE <i>S.C.</i> |
|-----------------------------|-----------------------------|

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|-------------------------------|----------------------------------|
| (13) OCCUPATION <i>Farmer</i> | (19) OCCUPATION <i>Homemaker</i> |
|-------------------------------|----------------------------------|

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|--|---|
| (20) Number of children born to mother, including present birth <i>2</i> | (21) Number of children of this mother now living, including present birth <i>2</i> |
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *homeborn* at *Cherokee* a *Female* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *B. L. McKinney*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Cherokee S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Mar 1 1916* (28) *W. L. G. Hunter*
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McCaw, of Columbia.