

(1) PLACE OF BIRTH

County of Aiken
 Township of Salisbury
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 20882 for State Registrar only

Registration District No. 213Registered No. 35
(For use of Local Registrar)(2) Full Name of Child Lehorie R. McKie

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

(3) BOY OR GIRL boy (4) Twin or Triplet no (5) Number in order of birth one (6) Are Parents Married yes (7) DATE OF BIRTH April 13 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lehorie R. McKie
 (9) PRESENT POSTOFFICE OF FATHER Augusta Route 5
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Drayman

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Grimes
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Route 5
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
 (Years)
 (18) BIRTHPLACE Georgia
 (19) OCCUPATION Housekeeper
 (20) Number of children born to mother, including present birth one
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:15 PM on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. E. McCall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife North Augusta

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed Sept 17 1923(28) A. K. Medlock
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.

19

(27) Filed Oct 1 1923(28) A. K. Medlock

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