

(1) PLACE OF BIRTH

County of Marion

Township of

or Inc. Town of Mullins

or 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 Katie Winley

File No.—For State Registrar Only
65317

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

Registration District No. 22B Registered No. 118
(For use of Local Registrar)

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

(3) Sex of GIRL?	(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>June 10, 1916</u> (Of the Month) (Day) (Year)
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FATHER.

(8) FULL NAME Tom Winley

(9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Georgetown, Co.

(13) OCCUPATION Day Laborer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Jollye

(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Marion Co.

(19) OCCUPATION Day Laborer

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Menda Keaves

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife mullins S.C.

Given name added from a supplemental report

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

(27) Filed 7/1 1916 (28) L. E. Rogan 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH INFADING INK.—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1. MICHIGAN, COLUMBIA, S. C.