

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of Poe MillInc. Town of Poe MillCity of Poe Mill

(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

43034

Registration District No. 2-20-9 Registered No. 385 (For use of Local Registrar)(2) Full Name of Child Mary Margaret Lackey

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH Dec 29 1925

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Morris Jefferson Lackey(9) PRESENT POSTOFFICE OF FATHER Poe Mill Store St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Greenville Ga(13) OCCUPATION Weaver in Cotton Mill(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Pearl Hamey(15) PRESENT POSTOFFICE OF MOTHER Poe Mill Store St(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Atlanta Ga(19) OCCUPATION Housewife(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 35 P.M. on the date above stated. (born alive or stillborn) (Hour of birth or P.M.)(23) (Signature) Mrs E. J. Gashette

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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Registrar

(26) Witness Morris Jefferson Lackey

(Signature of Witness necessary only when Section 23 is signed by mark)

(27) Signed Jan 6 1916(28) A. T. M. C. H.

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.

FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.