

1) PLACE OF BIRTH

County of CharlestonTownship of Gandyville

or

Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 27002

Registered

(For use of

(No.

St.;

(If birth occurs in a hospital or other institution, give name of same instead of street and

2) Full Name of Child Leona McPheeIf child is not yet
supplemental reportBOY OR
GIRL?girl(4) Twin
or Triplet?(5) Number in
order of birth4(6) Are
Parents
Married?yes

(7) DATE OF

BIRTH

Jan 11

(Name of Month)

(Day)

(Year)

FATHER.

FULL
NAMEWilliam McPheePRESENT
POSTOFFICE
OF FATHERWilkinsville

COLOR

OR

RACE

color

(11) AGE AT LAST

BIRTHDAY

31

(Years)

BIRTHPLACE

Chester Co

OCCUPATION

farmerNumber of children born to
father, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEAlia Green(15) PRESENT
POSTOFFICE
OF MOTHERWilkinsville

(16) COLOR

OR

RACE

color

(17) AGE AT LAST

BIRTHDAY

28

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

union or
housekeeping(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23)

(Signature)

Lula Byars Wilkinsville

(24)

State whether Physician or Midwife

(25)

Address of Physician or Midwife

name added from a supplement-
al report

(26) Witness

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

(27) Filed

Oct 10 1922

(28)

Lula Byars Wilkinsville
Local RegistrarIf 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.