CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43072

(1) PLACE OF BIRTH

County of Greenville

Township of Grove

or
Inc. Town of ..... Registration District No. 2210 Registered No. 68 (For use of Local Reistrar)

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married Yes

(7) DATE OF BIRTH Dec. 16, 1915 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Sylvester McKinney	(14) NAME BEFORE MARRIAGE	Sola Croft
(9) PRESENT POSTOFFICE OF FATHER	Pelzer	(15) PRESENT POSTOFFICE OF MOTHER	Pelzer
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	S.C.
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housework
(20) Number of children born to mother, including present birth	3	(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 alive at 7 a.m., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rebecca + Clerk Scales

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Pelzer

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Dec 4 1915 (28) S. A. Mims 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.

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

Caw. of Columbia