

## (1) PLACE OF BIRTH

County of *Anderson*Township of *DeWitt*

or

Inc. Town of

City of

(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

20715

31

Registration District No. *213*

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

*Jerome McKie*

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

(3) BOY OR GIRL?

*boy*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplets

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

*July 6, 1922*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*John M. McKie*

(9) PRESENT POSTOFFICE OF FATHER

*Augusta Ga R 6*

(10) COLOR OR RACE

*Bel*

(11) AGE AT LAST BIRTHDAY

*28*

(Years)

(12) BIRTHPLACE

*AC*

(13) OCCUPATION

*R.R. Laborer*

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

*four*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Daisy Davis*

(15) PRESENT POSTOFFICE OF MOTHER

*Augusta Ga R 6*

(16) COLOR OR RACE

*Bel*

(17) AGE AT LAST BIRTHDAY

*20*

(Years)

(18) BIRTHPLACE

*AC*

(19) OCCUPATION

*House*

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

*three*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Laura Davis*  
*Midwife Augusta R 6*

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed

*7/13 22*

191....

(28)

*L.R. 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.