

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19086

Registration District No. 2700 Registered No. 76

(For use of Local Registrar)

(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

Lucy Mackey

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

SEX

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

Full Name

Present Postoffice of Father

Color or Race

(8) AGE AT LAST BIRTHDAY

(Years)

(9) BIRTHPLACE

(10) OCCUPATION

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

MOTHER.

(12) NAME BEFORE MARRIAGE

(13) PRESENT POSTOFFICE OF MOTHER

(14) COLOR OR RACE

(15) AGE AT LAST BIRTHDAY

(Years)

(16) BIRTHPLACE

(17) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

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

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question 22 is signed by mark)

(27) Filed

1908

191...

(28)

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.