(1) PLACE OF BIRTH

County of Williamsburg

Township of Sumter

or

Inc. Town of ..... Registration District No. 4310 Registered No. 4 (For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)

(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
47670

(2) Full Name of Child Bessie McKinzie { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ 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 Jan 2 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Jasper McKinzie	(14) NAME BEFORE MARRIAGE Neva Druggers
(9) PRESENT POSTOFFICE OF FATHER Lake City	(15) PRESENT POSTOFFICE OF MOTHER Lake City
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Clarendon Co	(18) BIRTHPLACE Clarendon Co
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jane Floyd

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Lake City SC.

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 Jan 20 1916 (28) W. A. Fitch 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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FORM No. 10.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.