

MARGIN RESERVED FOR BINDING.

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.

MOBILE, S. C.

(1) PLACE OF BIRTH

County of Albany
Township of Union
or
Inc. Town of Union
or
City of Union

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
20353

Registration District No. Registered No. 108
(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 Mary Magdalene McKenna
(If child not yet named, make supplemental report as directed)

3) BOY OR GIRL? Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 4, 1922
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME William McKenna
9) PRESENT POSTOFFICE OF FATHER Union
10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 25
(Years)
12) BIRTHPLACE S. C.
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 1 3

MOTHER.
14) NAME BEFORE MARRIAGE Linda Holman
15) PRESENT POSTOFFICE OF MOTHER Union
16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 24
(Years)
18) BIRTHPLACE S. C.
19) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dorian Jones
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
L. A. R.
affd 2/17/44
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 14, 1922 (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.