

Form No. 1

(1) PLACE OF BIRTH

County of YellonTownship of Manningor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Calvin McKeeFile No. For State Registrar Only
42112Registered No. 83
(For use of Local Registrar)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Dec 20 1927</u> (Name of Month) (Day) (Year)
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(8) FATHER FULL NAME <u>Spaul McKee</u>		(14) MOTHER NAME BEFORE MARRIAGE <u>Anna McKee</u>	
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(9) PRESENT POSTOFFICE OF FATHER <u>Yellon R-1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Yellon R-1</u>
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(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
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(12) BIRTHPLACE <u>Marlboro Co</u>	(18) BIRTHPLACE <u>S.C.</u>
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(13) OCCUPATION <u>Form work</u>	(19) OCCUPATION <u>Housework</u>
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(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:15 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Swamy
(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Yellon R-1

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 23 1927 (28) B. G. Williams
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.

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.