

## (1) PLACE OF BIRTH

County of Bamberg

Township of .....

Inc. Town of .....

City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 4A

No. for State Registrar

31887Registered No. 4 3  
(For use of Local Registrar)

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

(2) Full Name of Child William Kearse If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(5) Age at Birth <u>20</u>	(7) DATE OF BIRTH <u>Nov 25 1923</u> (Month of Birth) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Christiana Kearse</u>
(9) PRESENT RESIDENCE OF FATHER		(15) PRESENT RESIDENCE OF MOTHER	<u>Bamberg</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)
<u>White</u>		<u>Col</u>	<u>24</u>
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>Bamberg</u>
(13) OCCUPATION		(19) OCCUPATION	<u>Cook</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4A on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Lee (24) State whether Physician or Midwife(25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

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

(27) Filed 11/26/23 (28) John

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.