

(1) PLACE OF BIRTH

County of MecklenburgTownship of ChathamInc. Town of —City of —

CERTIFICATE OF BIRTH

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

No. — For State Registrar

30427

Registration District No. 420A Registered No. 216
(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

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

(1) BOY OR GIRL <u>Girl</u>	(2) Sex of Child <u>Female</u> To be marked only in case of Twins or Triplets	(3) Infant in arms of Mother <u>Yes</u>	(4) DATE OF BIRTH <u>9.26.23</u> (Name of Month) (Day) (Year)
(5) FATHER		(6) MOTHER	
(7) FULL NAME <u>Ester Kershaw</u>		(8) NAME BEFORE MARRIAGE <u>King Betty</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mecklenburg</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Mecklenburg</u>	
(11) COLOR OR RACE <u>Black</u>	(12) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(13) COLOR OR RACE <u>Black</u>	(14) AGE AT LAST BIRTHDAY <u>25</u> (Year)
(15) BIRTHPLACE <u>Mecklenburg S.C.</u>		(16) BIRTHPLACE <u>Mecklenburg S.C.</u>	
(17) OCCUPATION <u>Labourer</u>		(18) OCCUPATION <u>Labourer</u>	
(19) Number of children born to mother, including present birth <u>1</u>		(20) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 1 A.M. on the date above stated.(22) (Signature) A. P. McEachern

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Mecklenburg

Given name added from a supplemental report

(25) Witness

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

(26) Filed

19

(27)

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.

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.