

## (1) PLACE OF BIRTH

County of CharlotteTownship of Christ Church

or

Inc. Town of

or

City of

(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

88817

Registration District No. 201Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child Clairdin Royall Kimzey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twin or Triplets</u>	(5) Number in order of birth	(6) Are Parents <u>yes</u> Married?	(7) DATE OF BIRTH <u>November 7, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>Allen Taber Kimzey</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Mt Pleasant A.C.</u>	(12) BIRTHPLACE <u>Mills River N.C.</u>
(10) COLOR <u>white</u> OR RACE	(13) OCCUPATION <u>farmer</u>
(20) Number of children born to mother, including present birth <u>3</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Elizabeth Royall</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Mt Pleasant A.C.</u>	(18) BIRTHPLACE <u>Mt Pleasant A.C.</u>
(16) COLOR <u>white</u> OR RACE	(19) OCCUPATION <u>housewife</u>
(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. F. Bowen M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianMt Pleasant A.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Dec 30 1916

(28)

H. L. Lundy

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.