

## (1) PLACE OF BIRTH

County of Dorchester  
 Township of Centerville  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

No. 15. - For State Registrar Only  
**15240**

Registration District No. 3500 Registered No. 77-  
 (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 Unnamed If child is not yet named, make supplemental report as directed

3 SEX Boy (4) Twin or Triplet No (5) Number in order of birth 6 (6) Age of Person at Birth Yes (7) DATE OF BIRTH Mar 26 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER (14) NAME AND MARRIAGE Ephyl Louise Clark

8 FULL NAME Furman F. Kymore (15) PRESENT POSTOFFICE OF FATHER Hestonville S.C.

9 PRESENT POSTOFFICE OF FATHER Hestonville S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
 (11) AGE AT LAST BIRTHDAY 33 (Year)

10 BIRTHPLACE S.C. (18) BIRTHPLACE Ga

10 OCCUPATION Farmer (19) OCCUPATION House Wife

21 Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

## **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:15 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Wm. A. Strickland, M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hestonville

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) A. P. Martin

(27) Filed May 1 1923 (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.

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