

Form No. 3

(1) PLACE OF BIRTH

County of AbbevilleTownship of Wards

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

40635

Registration District No. 214Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Clydia Mae Kemner

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH 7/27/51

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Kemner(9) PRESENT POSTOFFICE OF FATHER Ridge Spring SC(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE Abbeville Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Inez Williams(15) PRESENT POSTOFFICE OF MOTHER Ridge Spring SC(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 33

(Years)

(18) BIRTHPLACE Abbeville Co SC(19) OCCUPATION Housewife & farmer labor(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Bacon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Alma D. Darrick

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

(27) Filed Jan 10 1953 (28) H. E. Darrick 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

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