

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.
 -Caw. of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of **STATE OF SOUTH CAROLINA.**
 Township of **Marlowe,** Bureau of Vital Statistics
 or **Smithville,** State Board of Health
 Inc. Town of Registration District No.. **5308**, Registered No. ... **5**.....
 or (For use of Local Registrar)
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
46898

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

(3) BOY OR GIRL? Boy,	(4) Twin or Triplet? FATHER.	(5) Number in order of birth FATHER.	(6) Are Parents Married? MOTHER.	(7) DATE OF BIRTH Jan. 18/1916 (Name of Month) (Day) (Year)
(8) FULL NAME William Kinney,	(9) PRESENT POSTOFFICE OF FATHER Kellock, S.C.	(10) COLOR OR RACE White,	(11) AGE AT LAST BIRTHDAY 27 (Years)	(12) BIRTHPLACE S.C.
(13) OCCUPATION FARMING,	(14) NAME BEFORE MARRIAGE Miss English,	(15) PRESENT POSTOFFICE OF MOTHER Kellock, S.C.	(16) COLOR OR RACE White,	(17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE S.C.	(19) OCCUPATION HOUSEWORK,	(20) Number of children born to mother, including present birth 4.	(21) BIRTHPLACE S.C.	(22) OCCUPATION HOUSEWORK,
(23) Number of children born to mother, including present birth 4.	(24) Number of children of this mother now living, including present birth 3.	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was alive, at S.F.H. M., on the date above stated. (23) (Signature) Rene Gunkin, (24) State whether Physician or Midwife Midwife, (25) Address of Physician or Midwife Kellock, S.C.		

Given name added from a supplemental report 191....
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) **W. H. Priest**
 (27) Filed **Jan. 18/1916** 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.