

MAILED
 RECEIVED
 1915
 N. B. McCaw, of Columbia
 WRITING 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

45078

(1) PLACE OF BIRTH

County of York

Township of York

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4408

Registered No. 127

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

Robert Harshaw Kerr

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? 46

(7) DATE OF BIRTH Dec. 13, 1915

(To be answered only in event of Twins or Triplets)

FATHER.

(8) FULL NAME Walter Bratton Kerr

(9) PRESENT POSTOFFICE OF FATHER York R.F.C. # 3

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40

(12) BIRTHPLACE York. SC.

(13) OCCUPATION Farmer.

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mathie Marion Harshaw

(15) PRESENT POSTOFFICE OF MOTHER York R.F.C. # 3.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32

(18) BIRTHPLACE York Co. SC.

(19) OCCUPATION Housewife

(21) 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 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. McGowan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York SC.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec. 14, 1915

(28) Jno. S. Barron 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.

Registrar I
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