

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.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>82235</b>	
County of <u>Kershaw</u> Township of <u>Derolt</u> or Inc. Town of ..... or City of .....		Registration District No. <u>2701</u>		Registered No. <u>254</u> (For use of Local Registrar)	
(2) Full Name of Child		(No. .... St.; .... Ward)		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 3</u> , 19 <u>16</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>J. R. Knight</u> (9) PRESENT POSTOFFICE OF FATHER <u>Camden S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>40</u> (12) BIRTHPLACE <u>Chesham S.C.</u> (13) OCCUPATION <u>Ice Operator</u> (20) Number of children born to mother, including present birth <u>5</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Kellie Burton</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Camden S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>37</u> (18) BIRTHPLACE <u>Chesham S.C.</u> (19) OCCUPATION <u>House Keeping</u> (21) Number of children of this mother now living, including present birth <u>5</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>8</u> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>W. J. Dismore</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Camden S.C.</u>					
Given name added from a supplemental report ..... ..... Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>W. J. Dismore</u> (27) Filed <u>Nov 7 1916</u> (28) <u>W. J. Dismore</u> 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.