

PLACE OF BIRTH
County of Pickens
Township of

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

File No. — For State Registrar Only
65891

or
Inc. Town of Registration District No. 572 Registered No. 78
(For use of Local Registrar)
City of Early S.C. (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 Mary Elizabeth K... Is child is not yet named, make supplemental report as directed

3. (1) SEX OF CHILD? Female (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27, 1916
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME John E. K...
(9) PRESENT POSTOFFICE OF FATHER Early S.C.
(10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Franklinville N.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Emma Dodson
(15) PRESENT POSTOFFICE OF MOTHER Early S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Franklinville N.C.
(19) OCCUPATION Housewife
(20) 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 born as 1:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Early S.C.

Given name added from a supplemental report
W. S. L. 1916
C. W. Miller
[Signature] Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 10, 1916 (28) C. H. Wyatt 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.

McC
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FORM NO. 4
MAY 1915
N. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 3.