

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.
MAGAZINE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of Summerville
Inc. Town of Summerville
City of Summerville

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

Registration District No. 17A

File No.—For State Registrar Only
42135

Registered No. 63
(For use of Local Registrar)

(2) Full Name of Child Aynolda Ruth Kornahrens
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.; Ward
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 21, 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER KORNARENS
(8) FULL NAME Armed W. Kornahrens
(9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE Summerville, S.C.
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth Eight

MOTHER Fisher
(14) NAME BEFORE MARRIAGE Anna Fisher
(15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Physician (24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report
See Affidavit
11/27/44
Dr. R. P.
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(27) DEC 21 1922 (28) 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.