

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

58671

Registration District No. 404 Registered No. 52

(For use of Local Registrar)

(2) Full Name of Child

Cleo Kearse

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 25, 1916

FATHER.

(8) FULL NAME

James A. Kearse

(9) PRESENT POSTOFFICE OF FATHER

Chhardt S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

Bamberg Co. S.C.

(13) OCCUPATION

Farmer Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Matthie Able

(15) PRESENT POSTOFFICE OF MOTHER

Chhardt S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

Bamberg Co. S.C.

(19) OCCUPATION

Housewife

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

One

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M. on the date above stated.

(23) (Signature) Martha Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Chhardt S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

5/30/16

(28)

G. J. Herndon 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.

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.