

(1) PLACE OF BIRTH

County of Newberry
 Township of Marion
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35747

Registration District No. 3407 Registered No. 52
 (For use of Local Registrar)

City of (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 Paul Harriet Kemmure If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 18 22
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME M. H. Kemmure
 (9) PRESENT POSTOFFICE OF FATHER Chapinville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Surgeon
 (14) Number of children born to mother, including present birth Two

MOTHER
 (14) NAME BEFORE MARRIAGE Caroline Helen
 (15) PRESENT POSTOFFICE OF MOTHER Chapinville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. C. Hollings (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chapinville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Date Oct 21 22 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.