

Form No. 1

(1) PLACE OF BIRTH

County of Cochise
 or
 Township of Amelia
 or
 Inc. Town of
 or
 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
41132

Registration District No. 820 Registered No. 154
 (For use of Local Registrar)

(2) Full Name of Child Enoch Kemmerly If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 11, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Kemmerly
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews
 (10) COLOR OR RACE Wyro (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Marine Cook
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Leah Dural
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthews
 (16) COLOR OR RACE Wyro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Ham Cook
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 4 A. M. at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. L. Green (25) Address of Physician or Midwife
 (24) State whether Physician or Midwife midwife St. Matthews

Given name added from a supplemental report

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

(27) Filed Apr. 25, 1922 (28) ARABA 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.

MARGIN RESERVED FOR BINDING.
 WHEN UNFOLDING THIS FORM IN A PERMANENT RECORD.
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.