

(1) PLACE OF BIRTH

County of

Township of

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

29888

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

✓

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 2

1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Kernel Ketter

(9) PRESENT POSTOFFICE OF FATHER

Lamar S.C.R.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Darlington Co S.C.

(13) OCCUPATION

Farm laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Narcissie Joy

(15) PRESENT POSTOFFICE OF MOTHER

Lamar S.C.R.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Darlington Co S.C.

(19) OCCUPATION

House wife

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

2

(21) 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 Alive at 1 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lamar S.C.R.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

Sept 2, 1922

(28)

R. M. J. 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.

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