

(1) PLACE OF BIRTH

County of *Anderson*Township of *Williamston*

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar

38457

Registration District No. *3-C*Registered No. *714*
(For use of Local Registrar)

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

(2) Full Name of Child *West Kinard* If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <i>Boy</i>	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <i>yes</i>	7) DATE OF BIRTH <i>Dec. 30, 1923</i> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME *Sam Kinard*9) PRESENT POSTOFFICE OF FATHER *Williamston S.C.*10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *26* (Year)12) BIRTHPLACE *Williamston S.C.*13) OCCUPATION *Farmer*14) Number of children born to mother, including present birth *Two*

MOTHER.

14) NAME BEFORE MARRIAGE *Andrus Jones*15) PRESENT POSTOFFICE OF MOTHER *Williamston S.C.*16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *22* (Year)18) BIRTHPLACE *Greenville S.C.*19) OCCUPATION *Housewife*20) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *1 A.M.* on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) *Arthur M. Williamson, Jr.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *1-7-1924* (28) *William Russell* 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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