

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

5380

Registration District No. 4109

Registered No. 10
(For use of Local Registrar)

(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 *Tenge Washington Kusabaw* If child is not yet named, make supplemental report as directed(3) SEX OR GENE *boy* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Age Parents Married *yes* (7) DATE OF BIRTH *Feb 6, 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *J. K. Kuehnan Jr.*(9) PRESENT POSTOFFICE OF FATHER *Hamlet S.C.*(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *30*
(Year)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *farmer*(14) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Jennie O. Melle*(15) PRESENT POSTOFFICE OF MOTHER *Hamlet S.C.*(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *22*
(Year)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *farm laborer*(20) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *alive* at *P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. Henry S. Sarna*(24) State whether Physician or Midwife *midwife* Address of Physician or Midwife *Hamlet S.C.*

Given name added from a supplemental report

(25) Witness *S. S. Sarna* (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed *Feb 15, 1923* (27) *Benny S. Sarna* 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.

MAKING UNNECESSARY FOR MISSING.

WRITE PLAINLY. WITH CAREFUL 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 2.

RECORD OF COLORADO, COLORADO, & C.