

1/30/23 051-W #5133

NAME OF BIRTH

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

No. for State Registrar Only
15225

and *McIntosh*
of *#31*
of

Registration District No. *3409* Registered No. *131*
(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.)

Full Name of Child *David M. Biser*
(If child is not yet named, make supplemental report as directed)

Sex *Boy* (1) Twin or Triplet ☒ (2) Number in order of birth ☒ (3) Age *yo.* (4) DATE OF BIRTH *Jan 30 1923*
(Month of Birth) (Day) (Year)

FATHER.
(1) NAME BEFORE MARRIAGE *William W. Biser Jr.*
(2) PRESENT POSTOFFICE OF FATHER *Kinards S.C.*
(3) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Year)
(4) BIRTHPLACE *Newbury Co.*
(5) OCCUPATION *Farmer*
(6) Number of children born to father, including present birth *3*

MOTHER.
(14) NAME BEFORE MARRIAGE *Ola K. Kishner*
(15) PRESENT POSTOFFICE OF MOTHER *Kinards S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *22* (Year)
(18) BIRTHPLACE *Newbury Co.*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *J. B. Campbell*
(27) Filed *Jan 30 1923* (28) Local Registrar *J. B. Campbell*
19 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.