

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherry Orchard
 or
 Inc. Town of Sumner
 or

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

File No.—For State Registrar Only

16738

Registration District No. 4003 Registered No. 47
 (For use of Local Registrar)

City of _____ St.; _____ Ward
 (No. _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 10 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Holsey Simon Kene</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Montgomery</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumner, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumner, S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(18) BIRTHPLACE <u>Lawrence Co.</u>	
(12) BIRTHPLACE <u>Bamberg Co</u>			(19) OCCUPATION <u>Domestic</u>	
(13) OCCUPATION <u>Cotton mill work</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 alive at 6 a. M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)

(22) I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

(23) (Signature)
 (24) State whether

Physician or Midwife
 (25) Address of Physician or Midwife

Gives name added from a supplemental report

(26) Witness

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

(27) Filed May 15 1922 (28) C. D. Harrell
 Registrar 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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