

139-22-051253

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

County of allendale  
Township of Barton  
or  
Inc. Town of .....

Registration District No. 4605 Registered No. 8  
(For use of Local Registrar)

City of ..... (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 Kemper gankins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 11 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Barbie gankins</u>	(14) NAME BEFORE MARRIAGE <u>Katie wesley</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Barton, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Barton S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>January 11 1923 S.C.</u>	(13) OCCUPATION <u>Midwife Mary Bush</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farm Laborer</u>
(20) Number of children born to mother, including present birth <u>Two Living</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 19 1923(28) J. H. Hines 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 5.

SOUTH CAROLINA, COLUMBIA, S. C.

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SEE NEXT FRAME