

(1) PLACE OF BIRTH

County of YorkTownship of York

or

Inc. Town of

or

City of

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

(2) Full Name of Child Louis Daniel Kiser

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH July 14 1916

(Name of Month) (Day) (Year)

(8) FULL NAME Will Kiser(9) PRESENT POSTOFFICE OF FATHER York SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 32

(Years)

(12) BIRTHPLACE Kings Mt. SC(13) OCCUPATION Cotton Mill Worker(14) NAME BEFORE MARRIAGE Annetta White(15) PRESENT POSTOFFICE OF MOTHER York SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE York Co. SC(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 9(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:45 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. McDowell(24) State whether Physician or Midwife (25) Address of Physician or Midwife York SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 15 1916 (28) Jos. J. Barron 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.

Registrar I

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