

1. PLACE OF BIRTH

County of CharlestonTownship of Johns Island, S.C.or
Inc. Town of _____or
City of BeaufortStandard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

Registered No. _____

City of Johns Island, S.C.

Ward _____

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

2. FULL NAME OF CHILD Lathia Kinloch3. Sex of Child Female 4. Twin, triplet, or other _____ 5. Premature _____ 6. Legitimate Yes 7. Date of Birth January 18th, 19238. Full name FATHERIsiah Kinloch9. Residence (usual place of abode) Johns Island, S.C.10. Color or race Col. 11. Age at last birthday 27 (Years)12. Birthplace (city or place) Johns Island, S.C.
(State or country)13. Trade, profession, or particular kind of work done, as spinster, seamstress, bookkeeper, etc. Farm Hand

14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

15. Date (month and year) last engaged in this work _____ 16. Total time (years) spent in this work _____

17. Full name MOTHERSarah Ann Robinson18. Residence (usual place of abode) Johns Island, S.C.19. Color or race Col. 20. Age at last birthday 22 (Years)21. Birthplace (city or place) Johns Island, S.C.
(State or country)22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. At Home.

23. Industry or business in which work was done, as silk mill, lawyer's office, etc. _____

24. Date (month and year) last engaged in this work _____ 25. Total time (years) spent in this work _____

26. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn 1

27. If stillborn, period of gestation _____ months weeks 28. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, housekeeper, etc., should make this report.

Given name added from _____
a supplemental report _____ (Date of) _____(Signed) Lacy Capers M.D.Address Johns Island, S.C.

FEB 19/1/30, 19 _____