

## (1) PLACE OF BIRTH

County of *Kershaw*Township of *Dr. Kato*or  
Inc. Town ofor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90468

Registration District No. *2701*Registered No. *296*  
(For use of Local Registrar)(2) Full Name of Child *Joseph Thomas Corbush*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Dec. 25*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Sam M. Corbush*(9) PRESENT POSTOFFICE OF FATHER *Cauden S.C. # 2*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *19*

(Years)

(12) BIRTHPLACE *Kershaw Co*(13) OCCUPATION *Plumber*

(20) Number of children born to mother, including present birth

*one*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lizzie Marshall*(15) PRESENT POSTOFFICE OF MOTHER *Cauden SC*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *15*

(Years)

(18) BIRTHPLACE *Kershaw Co*(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth

*one*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11.45* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. H. Ch. Kurn*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician Cauden SC*

Given name added from a supplemental report

*W. H. Ch. Kurn* 191.7*W. H. Ch. Kurn* 191.7

Registrar

(26) Witness

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

(27) Filed *191.7*(28) *W. H. Ch. Kurn* 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.