

Form No. 1

(1) PLACE OF BIRTH

County of Harvey
 Township of Doyle
 or
 the Town of

City of

(2) Full Name of Child

(a) SEX OF CHILD Boy (b) Type of ✓ (c) Number in order of birth ✓
 Is to be entered only in case of Twins or Triplets

FATHER
 (1) FULL NAME George William Kersey

(2) PRESENT RESIDENCE OF FATHER Allen, S.C.

(3) COLOR OF SKIN white (4) AGE AT LAST BIRTHDAY 24 (Years)

(5) BIRTHPLACE Marlboro Co. S.C.

(6) OCCUPATION Farming

(7) Number of children born to mother, including present birth 23

(8) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(9) I hereby certify that I attended the birth of this child, who was... born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.)

(10) (Signature) W. E. King

(11) State whether Physician or Midwife Midwife

(12) Address of Physician or Midwife Aponte

Give name added from a supplemental report

(13) Witness (Signature of Witness necessary only when question 9 is signed by mark)

(14) Filed 5/20 (15) Local Registrar

CERTIFICATE OF BIRTH

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

Registration District No. 7503

Registered No. 22
 (For use of Local Registrar)

(No. St. Ward) (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

(16) NAME BEFORE MARRIAGE Maggie Stewart

(17) PRESENT RESIDENCE OF MOTHER Allen A. C. R. D.

(18) COLOR OF SKIN white (19) AGE AT LAST BIRTHDAY 18 (Years)

(20) BIRTHPLACE Marion Co. S.C.

(21) OCCUPATION Wife

(22) Number of children of this mother now living, including present birth 2

(23) Number of children born to mother, including present birth 23

(24) I hereby certify that I attended the birth of this child, who was... born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) W. E. King

(26) State whether Physician or Midwife Midwife

(27) Address of Physician or Midwife Aponte

Give name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 9 is signed by mark)

(29) Filed 5/20 (30) Local Registrar

before the fifth month of pregnancy.