

(1) PLACE OF BIRTH

County of *Kershaw*
Township of *DeKalb*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90469

Inc. Town of Registration District No. *2701* Registered No. *797*
(For use of Local Registrar)
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 *Bernie Inesdell Jr.* { 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? *No* (7) DATE OF BIRTH *Dec. 27, 1916*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Bernie Inesdell*

(9) PRESENT POSTOFFICE OF FATHER *Cauden SC*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *22* (Years)

(12) BIRTHPLACE *Kershaw Co*

(13) OCCUPATION *Planter*

(20) Number of children born to mother, including present birth { *one* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Ida Charles*

(15) PRESENT POSTOFFICE OF MOTHER *Cauden SC*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *19* (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 *4:00* A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. H. Chapman*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Cauden SC*

Given name added from a supplemental report

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

(27) Filed *Jan 1, 1917* (28) *W. H. Chapman* 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.

McCaw, of Columbia. STATE BOARD, No. 1. THE OFFICE, No. 2, etc., in question 5.