

(1) PLACE OF BIRTH

County of Sumter

Township of Shiloh

or Inc. Town of

City of (No. (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

44813

Registration District No. 4107 Registered No. 117

(For use of Local Registrar)

St. Ward

2) Full Name of Child Lescarles Kame

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12-15-1911 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Indus Kame

(9) PRESENT POSTOFFICE OF FATHER South

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Sumter Co. SC

(13) OCCUPATION Farmer

(16) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Isabella McKinnis

(15) PRESENT POSTOFFICE OF MOTHER South

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Sumter Co. SC

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report

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

(27) Filed 1-1-1912 (28) [Signature] 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.

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