

(1) PLACE OF BIRTH

County of

*Bamberg*

Township of

*3 mile*

or

Inc. Town of

or

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  
*63127*Registration District No. *404* Registered No. *79*

(For use of Local Registrar)

(2) Full Name of Child

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

*1*

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

*June 24 6*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*David Kearse*

(9) PRESENT POSTOFFICE OF FATHER

*Chukaardt. S.C.*

(10) COLOR OR RACE

*Colored*

(11) AGE AT LAST BIRTHDAY

*21*

(Years)

(12) BIRTHPLACE

*Bamberg Co. S.C.*

(13) OCCUPATION

*Farmer*

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

*1*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Clara Walker*

(15) PRESENT POSTOFFICE OF MOTHER

*Chukaardt. S.C.*

(16) COLOR OR RACE

*Colored*

(17) AGE AT LAST BIRTHDAY

*18*

(Years)

(18) BIRTHPLACE

*Bamberg Co. S.C.*

(19) OCCUPATION

*housewife*

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

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *12 30 a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Rose Rivers*

(24) State whether Physician or Midwife

*midwife*

(25) Address of Physician or Midwife

*Chukaardt. S.C.*

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed *7/1 1916*(28) *G. J. Henderson*

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.

WRITE PLAINLY. WITH ENFOLDING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
McGaw, of Columbia