

## (1) PLACE OF BIRTH

County of NewberryTownship of No. 11or  
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

69607

Registration District No. .... Registered No. 45

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child .....

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

(1) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 8(6) Are Parents Married? Yes(7) DATE OF BIRTH May 31

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Perry Kinard

(9) PRESENT POSTOFFICE OF FATHER

Prosperity S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 45  
(Years)

(12) BIRTHPLACE

Newberry County S.C.

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Dessie Richardson

(15) PRESENT POSTOFFICE OF MOTHER

Prosperity S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 40  
(Years)

(18) BIRTHPLACE

Newberry County S.C.

(19) OCCUPATION

Housekeeper(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 Born alive at 2:45 P.M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.(23) (Signature) J. L. Bowers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianLittle Mountain

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 15 1916(28) R. J. Johnson

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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McCauley of Columbia. 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 8.