

(1) PLACE OF BIRTH

County of Newberry
Township of No. 11
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

69607

Registration District No. Registered No. 45
(For use of Local Registrar)

(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? Y (7) DATE OF BIRTH May 31
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Perry Kinard

(14) NAME BEFORE MARRIAGE Dessie Richardson

(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C.

(15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45
(Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE Newberry County S.C.

(18) BIRTHPLACE Newberry County S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housekeeper

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

(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 9:45 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

Physician Lella 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. 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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At H— 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. McCall, of Columbia.