

(1) PLACE OF BIRTH

County of Lancaster
 Township of Gillsburg
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1742

Registration District No. W01 Registered No. 18
 (For use of Local Registrar)

(No. _____) St. _____ Ward _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child _____ 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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 23, 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Brandus Kestner

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Lancaster County, S.C.

(13) OCCUPATION _____

(14) Number of children born to mother, including present birth Five (5)

MOTHER.

(14) NAME BEFORE MARRIAGE John Thompson

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Richland County, S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth Five (5)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. D. Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Lancaster S.C.

Given name added from a supplemental report _____

(26) Witness _____

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Feb. 2, 1912 (28) J. T. Thompson 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.