

(1) PLACE OF BIRTH

County of GeorgetownTownship of Waldenor
Inc. Town ofor
City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Kissie Melburt Kiny

FATHER.

(1) Full Name K. M. Kiny(2) Present Postoffice of Father L.(3) Color or Race White(4) Birthplace Georgetown, S.C.(5) Occupation f(6) Age at last birthday 50(7) Number of children born to mother, including present birth 13(8) Are Parents Married? Yes(9) DATE OF BIRTH Nov. 2, 1922

(10) MOTHER.

(11) NAME BEFORE MARRIAGE Edna Kuter(12) PRESENT POSTOFFICE OF MOTHER L.(13) COLOR OR RACE White(14) AGE AT LAST BIRTHDAY 40(15) BIRTHPLACE Durham, S.C.(16) OCCUPATION Housewife(17) Number of children of this mother now living, including present birth 11(18) Number of children born to mother, including present birth 13(19) I hereby certify that I attended the birth of this child, who was Kissie Melburt Kiny at 6 P.M. on the date above stated.(20) (Signature) H. B. ...(21) State whether Nurse(22) Address of Physician or Midwife

(23) Given name added from a supplemental report

(24) Registrar

(25) Witness

(26) Filed

(27) Local Registrar

(28) 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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CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

25630

Registration District No. 1410Registered No. 62
(For use of Local Registrar)

(No. St.; Ward)

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

(7) DATE OF BIRTH Nov. 2, 1922
(Name of Month) (Day) (Year)(8) Are Parents Married? Yes

(9) MOTHER.

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