

Form No. 1

(1) PLACE OF BIRTH

County of Franklin

Township of

or

Inc. Town of Nor

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

34280

Registration District No. 180 Registered No. 60

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Ruth McElroy Kerr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 16 1900
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Kerr

(9) PRESENT POSTOFFICE OF FATHER

Don't know

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 20
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer work

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth McElroy

(15) PRESENT POSTOFFICE OF MOTHER

Woodward

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 32
(Year)

(18) BIRTHPLACE

Ireland

(19) OCCUPATION

House work

(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 Alvin at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. S. Davis M.D.

(24) Name—whether Physician or Midwife

(25) Address of Physician or Midwife

Blackstock, S.C.

Given name added from a supplemental report

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

(27) File No. 180 (28) W. G. Blaine 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.

THIS IS A PERMANENT RECORD. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.