

## (1) PLACE OF BIRTH

County of FairfieldTownship of 7or  
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

52084

Registration District No. 19.27 Registered No. 8  
(For use of Local Registrar)(2) Full Name of Child John Kitchen { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 5 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Kitchen(9) PRESENT POSTOFFICE OF FATHER Nelson(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE FairfieldBarbours Place(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 16

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Guess(15) PRESENT POSTOFFICE OF MOTHER Nelson(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE FairfieldRichardson Place(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(23) I hereby certify that I attended the birth of this child, who was Alive at 1 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Larania Rogers Nelson S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

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Registrar

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

(27) Filed Mar 21 1916 (28) J. E. Crappell 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Cav. of Columbia