

## (1) PLACE OF BIRTH

County

Township of

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

9401

Registration District No. 4-30-5 Registered No. 14  
(For use of Local Registrar)

## (2) Full Name of Child

(No. St. Ward)

(3) SEX OF CHILD

Male

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 20 28

(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER

Paul Kerner

(9) PRESENT POSTOFFICE OF FATHER

Keltos S.C.

(10) COLOR OF RACE

White

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Union Co. S.C.

(13) OCCUPATION

Farmer

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

12

(14) NAME BEFORE MARRIAGE

Subbittson

(15) PRESENT POSTOFFICE OF MOTHER

Keltos S.C.

(16) COLOR OF RACE

White

(17) AGE AT LAST BIRTHDAY

28

(18) BIRTHPLACE

Cherokee Co. S.C.

(19) OCCUPATION

Homemaker

(21) Number of children of this mother now living, including present birth

13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, alive, at 5 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

A. H. S. S. S. S.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Hindus

Given name added from a supplemental report

(26) Witness

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

19

Registrar

(27) Filed

Jan 20 28

(28)

L. Fullman

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.

\*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.

USE OF THIS FORM FOR BIRTHS OF CHILDREN WHOSE NAMES ARE NOT KNOWN TO THE REGISTRAR. IN SUCH CASES, THE REGISTRAR WILL BE REQUIRED TO MAKE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc. to question 5.

Form for Columbia, Columbia, S. C.

Form