

(1) PLACE OF BIRTH

County of Darlington

Township of

or
Inc. Town of Hartsvilleor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45954

Registration District No. 15-BRegistered No. 4
(For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

(2) Full Name of Child Gladys Olivia Kinnington } If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 14</u> (Name of Month) (Day) (Year)
------------------------------	-------------------------------	------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME James Stonia Kinnington(9) PRESENT POSTOFFICE OF FATHER Hartsville, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Sumter County(13) OCCUPATION mill operator(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Rollins(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Chesterfield County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at S.A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. G. Harrison

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

Physician Hartsville S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 16 1916 (28) J. S. Davis
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.

fifth month of pregnancy.

FORM NO. 1
WHILE PLAIN. WITH NEARLY 100,000 IN A PERMANENT RECORD.
N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.