

WHITE PLAINS. WITH UNFADING INK—THIS IS A PERMANENT RECORD. AND MARK THE  
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.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of 11  
OR  
Inc. Town of 11  
OR  
City of 11

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

File No.—For State Registrar Only  
**23805**

Registration District No. 40-a Registered No. 311  
(For use of Local Registrar)

No. 777 St.; 11 Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child (Male) James Kinsland 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 Twins or Triplets 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH June 24 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME H. Grady Kinsland  
9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.  
10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 27 (Years)  
12) BIRTHPLACE S.C.  
13) OCCUPATION Dry Goods Salesman  
20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Carrie Dorn  
15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.  
16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 27 (Years)  
18) BIRTHPLACE S.C.  
19) OCCUPATION Housewife  
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 White at 10 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
Dr. P. Coan, M.D.

(23) (Signature) Dr. P. Coan, M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

L. A. Piser, M.D.  
7/16/22 1922 Registrar

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

(27) Filed 8-1-22 (28) Jas. Coates 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.

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