

(1) PLACE OF BIRTH

County of FairfieldTownship of 7

or

Inc. Town of

or

City of Country

(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

4063

Registration District No. 1906Registered No. 7
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Kenser Hudson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 12 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James H. Kenser(9) PRESENT POSTOFFICE OF FATHER Country(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY (Year)

(12) BIRTHPLACE Country

(13) OCCUPATION

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Brown

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY (Year)

(18) BIRTHPLACE

(19) OCCUPATION Kenser Hudson(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mar. H. Kenser

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 110 19 22 (28) J. E. Hooten
Registrar. 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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RECORD OF BIRTHS, DEATHS, AND MARRIAGES, AND STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, No. 1, THIS OFFICE, No. 2, No. 3, No. 4, No. 5, No. 6, No. 7, No. 8, No. 9, No. 10, No. 11, No. 12, No. 13, No. 14, No. 15, No. 16, No. 17, No. 18, No. 19, No. 20, No. 21, No. 22, No. 23, No. 24, No. 25, No. 26, No. 27, No. 28, No. 29, No. 30, No. 31, No. 32, No. 33, No. 34, No. 35, No. 36, No. 37, No. 38, No. 39, No. 40, No. 41, No. 42, No. 43, No. 44, No. 45, No. 46, No. 47, No. 48, No. 49, No. 50, No. 51, No. 52, No. 53, No. 54, No. 55, No. 56, No. 57, No. 58, No. 59, No. 60, No. 61, No. 62, No. 63, No. 64, No. 65, No. 66, No. 67, No. 68, No. 69, No. 70, No. 71, No. 72, No. 73, No. 74, No. 75, No. 76, No. 77, No. 78, No. 79, No. 80, No. 81, No. 82, No. 83, No. 84, No. 85, No. 86, No. 87, No. 88, No. 89, No. 90, No. 91, No. 92, No. 93, No. 94, No. 95, No. 96, No. 97, No. 98, No. 99, No. 100, No. 101, No. 102, No. 103, No. 104, No. 105, No. 106, No. 107, No. 108, 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No. 997, No. 998, No. 999, No. 1000.