

## (1) PLACE OF BIRTH

County of Florence  
 Township of Cains  
 or Town of Hyma  
 or City of SC

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

File No. — For State Registrar Only

3837

Registration District No. 2007 Registered No. 22  
 (For use of Local Registrar)

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

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Girl</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>Feb 20 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME <u>Lennie L. Kieffer</u>			(14) NAME BEFORE MARRIAGE <u>Gennie Poston</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Hyma SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hyma SC</u>	
(10) COLOR OR RACE <u>white</u>			(11) AGE AT LAST BIRTHDAY <u>31</u> (Year)	
(12) BIRTHPLACE <u>SC</u>			(16) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farming</u>			(17) AGE AT LAST BIRTHDAY <u>29</u> (Year)	
(18) Number of children born to mother, including present birth <u>Seven</u>			(19) OCCUPATION <u>Housewife</u>	
			(20) Number of children of this mother now living, including present birth <u>Six</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 1 a M., on the date above stated. (Hour, M. or P. M.)

(22) (Signature) W. H. Poston(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Cainsville SC

(Given name added from a supplemental report)

(25) Witness

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

(27) Filed Feb 20 1923 (28) W. H. Poston 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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