

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

File No. — For State Register Only
14548

NAME OF MOTHER
Kershaw
City of *Buffalo*
or
Town of

Registration District No. *2900* Registered No. *31*
(For use of Local Registrar)

or
City of

Full Name of Child

Is child not yet named, make supplemental report as directed

<p>Is child not yet named, make supplemental report as directed</p> <p>Is child not yet named, make supplemental report as directed</p>	<p>(4) Twin or triplet? <i>X</i></p> <p>(5) Number in order of birth <i>X</i></p> <p>(6) Are Parents Married? <i>Yes</i></p> <p>(7) DATE OF BIRTH <i>MAR 14 23</i> (Name of Month) (Day) (Year)</p>
<p>FATHER.</p> <p>FULL NAME <i>Harry Smith</i></p> <p>PRESENT POSTOFFICE OF FATHER <i>Bethune SC</i></p> <p>COLOR OR RACE <i>White</i> (11) AGE AT LAST BIRTHDAY <i>31</i> (Years)</p> <p>BIRTHPLACE <i>Bethune, SC</i></p> <p>OCCUPATION <i>Farmer</i></p>	<p>MOTHER.</p> <p>(14) NAME BEFORE MARRIAGE <i>Mamie Bell Watson</i></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <i>Bethune SC</i></p> <p>(16) COLOR OR RACE <i>White</i> (17) AGE AT LAST BIRTHDAY <i>26</i> (Years)</p> <p>(18) BIRTHPLACE <i>Bethune SC</i></p> <p>(19) OCCUPATION <i>Domestic</i></p> <p>(21) Number of children of this mother now living, including present birth <i>Five</i></p>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born* as *born* at *4:30 A.M.* on the date above stated.
(Hour A. M. or P. M.)

(22) (Signature) *W. D. Humphries*
(23) State whether Physician or Midwife *Physician* (24) Address of Physician or Midwife *Bethune SC*

Was name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question is signed by parent)

(27) Date *MAY 1922*

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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