

# (1) PLACE OF BIRTH

County of Kershaw

Township of Drake

Inc. Town of .....

City of .....

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

File No.—For State Registrar Only

30861

Registration District No. 2701 Registered No. 199

(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

### 2) Full Name of Child

BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Sept 10 1912

#### FATHER

(8) FULL NAME Myth Hinson

(9) PRESENT POSTOFFICE OF FATHER Caulden

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 47

(Years)

(12) BIRTHPLACE Kershaw Co

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 8

(14) NAME BEFORE MARRIAGE Sara Susan Shaylor

(15) PRESENT POSTOFFICE OF MOTHER Caulden SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 39

(Years)

(18) BIRTHPLACE Kershaw Co

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth 8

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 8 P on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Whitelyburn

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Physician Caulden

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 16 22

(28)

(29) J. H. Nelson 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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