

## 1. PLACE OF BIRTH

County of Columbia

Township of .....

OR

Inc. Town of .....

OR

City of .....

(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

19588

Registration District No. 3500 Registered No. 74

(For use of Local Registrar)

## (2) Full Name of Child

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

(1) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6-7-19  
To be answered only in event of Twins or Triplets  
 Name (Month) (Day) (Year)

## FATHER.

(8) FULL NAME C. L. Kiersey(9) PRESENT POSTOFFICE OF FATHER Monmouth, N.J.(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 22  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Leila Kiersey(15) PRESENT POSTOFFICE OF MOTHER Monmouth, N.J.(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 17  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

Housewife(20) Number of children of this mother now living, including present birth 2

## 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. (Occurrence or stillborn) Hour A. M. or P. M.(23) (Signature) W. C. Martin

(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 July 1 19 58 (28) A. P. Martin  
 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.

WITH ATTENTION. WITH UNLADING AND THIS IS A PERMANENT RECORD  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE CARD FOR EACH CHILD AND MARK THE  
 FIRST BORN NO. 1 THE OTHER NO. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.