

MARGIN RESERVED FOR BINDING.
WRITER SIGNING IN THIS SPACE IS A PUBLIC HEALTH RECORD.
N. B.—In case of TWINS OR TRIPLETS, STATE NAME FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THE OTHER, NO. 2, ETC. IN QUESTION 5.
DEPT. OF AGRICULTURE, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Damberg
Township of 3 mile
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
84369

Registration District No. 404 Registered No. 146
(For use of Local Registrar)

(2) Full Name of Child Herman Kearsse if child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 10, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David P. Kearsse
(9) PRESENT POSTOFFICE OF FATHER Char. S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ran Kirkland
(15) PRESENT POSTOFFICE OF MOTHER Char. S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
(Years)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Farmer Labour

(20) Number of children born to mother, including present birth 4
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Moye
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Char. S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) H. J. Herndon
(27) Filed Nov. 20, 1916 (28) H. J. Herndon Local Registrar

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