

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Lancaster
Township of North
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — for State Registrar Only

3590

Registration District No. 2A12 Registered No. 81
(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 Dorothy Kerby If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 30 (6) Are Parents Married Yes (7) DATE OF BIRTH Aug 8 1928
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clare Kerby
(9) PRESENT POSTOFFICE OF FATHER Coward SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)
(12) BIRTHPLACE Glenn County
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ernie Fadder
(15) PRESENT POSTOFFICE OF MOTHER Coward SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)
(18) BIRTHPLACE SC
(19) OCCUPATION House Wife
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Kelly

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Glenn County

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 25 19 28 (28) 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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