

WHEN FATHER, MOTHER, OR CHILD IS A FOREIGNER, RECORD IN THIS SPACE THE NAME OF THE FOREIGNER, THE PLACE OF BIRTH, AND THE DATE OF BIRTH. IN CASE OF TWINS, RECORD THE BIRTH OF EACH CHILD, AND MAKE THE FIRST-BORN, NO. 1. THIS OFFICE, NO. 2, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH

County of Columbia
Township of Warren
or
Inc. Town of
or
City of

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

Registration District No. 1410

File No. — For State Registrar Only

41896

Registered No. 119
(For use of Local Registrar)

City of (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

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

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <input checked="" type="checkbox"/> <u>Yes</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>1st</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Dec. 26, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>J. Rhet Kinney</u>			14) NAME BEFORE MARRIAGE <u>Annie Smalls</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Smalls S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Smalls S.C.</u>	
10) COLOR OR RACE <u>Colored</u>			16) COLOR OR RACE <u>Colored</u>	
11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Stationary Engineer Fireman</u>			19) OCCUPATION <u>House Work</u>	
20) Number of children born to mother, including present birth <u>Six</u>			21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. M. Carter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Smalls S.C.

Given name added from a supplemental report

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

(27) Filed Jan 4, 1923

(28) Mattie Kinney
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.