

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

(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

20829

Registration District No. 3ARegistered No. 260

(For use of Local Registrar)

(2) Full Name of Child Charles Wm. Kerr (If child is not yet named, make supplemental report as directed)3. BOY OR GIRL? X

4. Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes

(7) DATE OF

BIRTH 7-2-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Monroe Kerr(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Bitterburg Ga.(13) OCCUPATION Cotton mill "fireman"(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie May Mc Curry(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:20 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson 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 8-10-22 (28) W.B. Clayton
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.

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N.B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S.C.