

(1) PLACE OF BIRTH

County of

Darlington

Township of

Leflar

or
Inc. Town of

City of

(No.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ... *Arnail Kinard*

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 17 1916

FATHER.

(8) FULL NAME

William Henry Kinard

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

Abbeville Co.

(13) OCCUPATION

Com. Agt R.R. Co.

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucile Ariak

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

Colleton Co. S.C.

(19) OCCUPATION

Domestic

(21) 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 *alive* at *6* *A.M.* on the date above stated. (Born alive or stillborn) (Hour - M. or P.M.)

(23) (Signature)

S. P. Garnett M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed

March 1916

(28)

S. P. Garnett

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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN N. No. 1. THE OTHER N. No. 2, etc., in question 5.
McCaw, of Columbia.CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
48789