

Form No. 1

(1) PLACE OF BIRTH

County of Calhoun
 Township of Syons
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41168

Registration District No. S. 2 Registered No. 130
 (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 Charles Kemmerley Jr. [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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec - 20, 19 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Charles Kemmerley
 (9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 5 to (Years)
 (12) BIRTHPLACE Calhoun Co
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Lessie Haigles
 (15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Calhoun Co
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (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 Born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. Matilda Green
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

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

(27) Filed Dec - 30, 19 22 (28) W. F. Keller 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—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 5.
 MCGRAW HILL BOOK CO., COLUMBIA, D. C.