

(1) PLACE OF BIRTH

County of BambergTownship of 3 mile

Inc. Town of

City of

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

(2) Full Name of Child James B. KearseFile No. — For State Registrar Only
63122Registration District No. 404 Registered No. 74

(For use of Local Registrar)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 3 (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 2 1916

FATHER.

(8) FULL NAME John Kearse Jr.(9) PRESENT POSTOFFICE OF FATHER Clar S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Bamberg S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Jones(15) PRESENT POSTOFFICE OF MOTHER Clar S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Bamberg S.C.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Catherine Rivers(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clar S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 6/22 1916 (28) G. Herndon 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.

WHITE PLAIN. WITH LEADING 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.
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