

MARGIN RESERVED FOR BINDING. 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.

(1) PLACE OF BIRTH

County of Abbeville
Township of Spaulding
or
Inc. Town of
or
City of Clifton S.C.
(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

57687

Registration District No. 4008

Registered No. 518
(For use of Local Registrar)

(2) Full Name of Child Johnnie May Kinchen

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

(3) BOY OR GIRL? B (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 21 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jim Kinchen

(9) PRESENT POSTOFFICE OF FATHER Clifton S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Mill work

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

MOTHER.
(14) NAME BEFORE MARRIAGE Etta Smith

(15) PRESENT POSTOFFICE OF MOTHER Clifton S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION N.W.

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Born at 9:40 a on the date above stated. (Born alive or born) (Hour A. M. or P. M.)

(23) (Signature) Arthur Cannon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Courtesee

Given name added from a supplemental report

Nov 3 1916
Cromwell
Super Registrar

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

(27) Filed Apr 25 1916 (28) C. F. Parker 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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