

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

**5420**

County of Charleston  
 Township of Fourth

or  
 Inc. Town of ..... Registration District No. 4207 .....  
 or  
 City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Sadie G. Kershner It shall be not yet named, make supplemental report as directed

(2) SEX OR GENDER Female (3) AGE AT BIRTH 7 (4) DATE OF BIRTH 7 7 23

(5) FULL NAME Sadie G. Kershner

(6) PRESENT POSTOFFICE OF FATHER Merion S.C.

(7) COLOR OR RACE White (8) AGE AT LAST BIRTHDAY 31 (Years)

(9) BIRTHPLACE Merion S.C.

(10) OCCUPATION Merchant

(11) Number of children born to mother, including present birth 2nd

(12) NAME BEFORE MARRIAGE Sadie Ash

(13) PRESENT POSTOFFICE OF MOTHER Merion S.C.

(14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 27 (Years)

(16) BIRTHPLACE York Co S.C.

(17) OCCUPATION None

(18) Number of children of this mother now living, including present birth 2nd

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(19) I hereby certify that I attended the birth of this child, who was ..... on the date above stated.

(20) (Signature) A. P. M. Edwards  
 (21) State whether Physician or Midwife (22) Address of Physician or Midwife Merion S.C.

Given name added from a supplemental report  
 .....  
 .....  
 Registrar

(23) Witness (Signature of Witness necessary only when question 19 is signed by mother)  
P. J. Jarrett  
 (24) Filed 3-10-23 (25) 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.