

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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York  
Township of Pungo  
or  
Inc. Town of .....  
or  
City of .....

(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

20566

Registration District No. 44.27 Registered No. 37  
(For use of Local Registrar)

(2) Full Name of Child

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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 22 19 27  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME L. F. A. Kees

(14) NAME BEFORE MARRIAGE Martha Costner

(9) PRESENT POSTOFFICE OF FATHER Edison St

(15) PRESENT POSTOFFICE OF MOTHER Edison St

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE York Co

(18) BIRTHPLACE York Co

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 15

(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at York Co on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. F. A. Kees

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 30 19 27 (28) L. F. A. Kees 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.