

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4407

File No. - For State Registrar Only

9561

Registered No. 20

(For use of Local Registrar)

St. Ward)

(No. (If child is not yet named, make supplemental report as directed)

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

(2) Full Name of Child Helen Louise Kemble

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH March 12 1912

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Wilson Monroe Kemble

(9) PRESENT POSTOFFICE OF FATHER Felbert S C

(10) COLOR OR RACE Caucasian

(11) AGE AT LAST BIRTHDAY 41

(Year)

(12) BIRTHPLACE Anderson Co

(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Since Boudley

(15) PRESENT POSTOFFICE OF MOTHER Felbert S C

(16) COLOR OR RACE Caucasian

(17) AGE AT LAST BIRTHDAY 38

(Year)

(18) BIRTHPLACE Henderson Co N C

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 A.M.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Felbert S C

(26) Given name added from a questionnaire and report

(27) Signature of Witness necessary only when question 26 is signed by doctor

(28) Local Registrar

(29) Date 5 22 1912

(30) When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes overtaken, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.