

County of Bamberg
Township of 3 mile
or
Inc. Town of
or
City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

3152

Registration District No. 404 Registered No. 11
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gerald Kears 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 *7* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb 1 1922*
(Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME James Kears

(7) PRESENT POSTOFFICE OF FATHER *Ehrhardt St*

(10) COLOR OR RACE *Mex.* (11) AGE AT LAST BIRTHDAY.....39.
(Year)

112 BIRTHPLACE *Sl*

(13) OCCUPATION
Farmer

(23) Number of children born to mother, including present birth { 7 }

MOTHER

(14) NAME BEFORE MARRIAGE Ella Rice

(15) PRESENT POSTOFFICE OF MOTHER *Erhardt S.C.*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *25* (Years)

(18) BIRTHPLACE *S b*

(19) OCCUPATION
Farmer laborer

(21) Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) Patricia Kears

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplemental report

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

(27) Filed Feb 13 1922 (28) 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.