

## (1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of GreenvilleCity of Greenville

(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

Registration District No. 3104

File No.—For State Registrar Only

31528

Registered No. 127  
(For use of Local Registrar)(2) Full Name of Child Alfred Auden M. Kern (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1<sup>st</sup></u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 6, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Cloude Jones M. Kern(9) PRESENT POSTOFFICE OF FATHER Jensen, D.C.(13) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE In Ocmulgee Co., D.C.(14) OCCUPATION Cotton mill operator -(20) Number of children born to mother, including present birth One

## MOTHER.

(10) NAME BEFORE MARRIAGE Rosa Lee Turner(15) PRESENT POSTOFFICE OF MOTHER Jensen, D.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE In Ocmulgee Co., D.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)(23) (Signature) J. R. Heller(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Jensen, D.C.

Given name added from a supplemental report

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

(27) Filed 11/10/22 (28) J. R. Heller 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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