

(1) PLACE OF BIRTH

County of Albemarle
 Township of Sycamore
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13484

Registration District No. 4608Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child Sarah Annie Kinard (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX
GIRL(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twin or Triplets(6) Are
Parents
Married?(7) DATE OF
BIRTH

May 21, 1924
 (Name of Month) (Day) (Year)

(8) FULL
NAMED A Kinard(9) PRESENT
POSTOFFICE
OF FATHERSycamore(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY33
(Years)

(12) BIRTHPLACE

Barnwell Co

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth7

MOTHER.

(14) NAME BEFORE
MARRIAGEC A Boussan(15) PRESENT
POSTOFFICE
OF MOTHERSycamore(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY30
(Years)

(18) BIRTHPLACE

Augusta Ga

(19) OCCUPATION

Housekeeping(21) Number of children of this mother
now living, including present birth7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:10 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary Grester

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife SycamoreGiven name added from a supplement
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Date May 24, 1924

(28)

J C Mayes
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.