

(1) PLACE OF BIRTH

County of Edgefield
 Township of Blocher
 or
 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

4020

Registration District No. 1801Registered No. 7

(For use of Local Registrar)

(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 Lassie Mae Kern

(If child is not yet named, make supplemental report as directed)

SEX
Girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF

BIRTH Feb 22 22
(Name of Month) (Day) (Year)

FATHER.

FULL NAME

Albert Kern

PRESENT POSTOFFICE OF FATHER

Pleasant Lane S.C.

COLOR OR RACE

colored(11) AGE AT LAST BIRTHDAY 35
(Years)

BIRTHPLACE

S.C.

OCCUPATION

Farmer

Number of children born to mother, including present birth

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Kern

(15) PRESENT POSTOFFICE OF MOTHER

Pleasant Lane S.C.

(16) COLOR OR RACE

colored(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(2) I hereby certify that I attended the birth of this child, who was M., on the date above stated.
(Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Jennie Pear(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pleasant Lane S.C.

Name added from a supplemental report

(26) Witness

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

(27) Filed Mar 10 22(28) W. H. Hines

Local Registrar.

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If 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.