

(1) PLACE OF BIRTH

County of

Township of

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

9981

Registration District No. 400

Registered No. 153

(For use of Local Registrar)

St.; Ward)

(No.)

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

(2) Full Name of Child

Gerald Maxwell Kears

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth
To be answered only in event of Twin or Triplet

(6) Are Person Married

Yes

(7) DATE OF BIRTH

April 9, 1927
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

H. M. Kears

(9) PRESENT POSTOFFICE OF FATHER

Bamberg

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Bamberg

(13) OCCUPATION

Mechanic

MOTHER

(14) NAME BEFORE MARRIAGE

Evelyn Kirkland

(15) PRESENT POSTOFFICE OF MOTHER

Bamberg

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Bamberg

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. J. Blucher

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys.

Bamberg

Given name added from a supplemental report

(26) Witness

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

(27) Date

4/15, 1927

(28)

(29)

John Coover
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.