

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 8.
Bureau of Census, Columbia, S. C.

(1) PLACE OF BIRTH

TIMMONSVILLE, S. C.
County of TIMMONSVILLE, S. C.
Township of
OF
Inc. Town of TIMMONSVILLE, S. C.
OF
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
17669

Registration District No. 2015 Registered No. 45
(For use of Local Registrar)

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

(2) Full Name of Child Christina Kemp
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth 20 (6) Age at Birth 20 (7) DATE OF BIRTH June 26, 23 (8) Sex of Mother (9) Year of Mother

FATHER
(10) FULL NAME Julian Jackson
(11) PRESENT POSTOFFICE OF FATHER TIMMONSVILLE, S. C.

(12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 20 (14) BIRTHPLACE TIMMONSVILLE, S. C.

(15) OCCUPATION Farmer

(16) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Elsie Kemp
(15) PRESENT POSTOFFICE OF MOTHER TIMMONSVILLE, S. C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (18) BIRTHPLACE S. C.

(19) OCCUPATION House work

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... (Born alive or stillborn) (How A. M. or P. M.)

(22) (Signature) (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (26) Signature of Witness (27) Filed 7/16/23 (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.