

Form No. 1

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Hunters  
 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

43288

Registration District No. 2902 Registered No. 625  
 (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 Mary Francis Kinard

(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 event of Twins or Triplets (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 14th, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Kinard(9) PRESENT POSTOFFICE OF FATHER Goldville, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30  
 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Nine

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Eichelberger(15) PRESENT POSTOFFICE OF MOTHER Goldville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37  
 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth Seven

## 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 A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emmanuel X. Ray(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Goldville, S. C.

Given name added from a supplemental report

(26) Witness T. R. Gall  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 16, 1922 (28) J. L. N. Bailey  
 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.