

(1) PLACE OF BIRTH
 County of Kershaw
 Township of
 or
 Inc. Town of
 or
 City of Kermit
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—for State Registrar Only
28247

Registration District No. 20-A Registered No. 288
 (For use of Local Registrar)
 (No. For Inf) St. Ward)

(2) Full Name of Child

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

(3) SEX OR girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Are Parents Married Y (6) DATE OF BIRTH 9-7-23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Algie Brodie
 (9) PRESENT POSTOFFICE OF FATHER For
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22
 (Year) (12) BIRTHPLACE North York, Sc
 (13) OCCUPATION Mo. Pictures
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Agnes Clayton
 (15) PRESENT POSTOFFICE OF MOTHER For
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23
 (Year) (18) BIRTHPLACE MO
 (19) OCCUPATION Dom
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Phys. or Midwife Ally

Given name added from a supplemental report

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept. 15 1923 (28) P. H. Dughan, Jr. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.