

## (1) PLACE OF BIRTH

County of AikenTownship of IrregularInc. Town of Warrenville, SCCity of Warrenville, SC

(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

Registration District No. 204

File No.—For State Registrar Only

78Registered No. 8  
(For use of Local Registrar)(2) Full Name of Child Charles M. Earl Kinnery

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

(1) SEX OR CHILD <u>Boy</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>January 27, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>William Cecil Kinnery</u>			(14) NAME BEFORE MARRIAGE <u>Rosebud A. Simmons</u>	
(7) PRESENT POST OFFICE OF FATHER <u>Warrenville, SC</u>			(15) PRESENT POST OFFICE OF MOTHER <u>Warrenville, SC</u>	
(8) COLOR OR RACE <u>White</u>	(9) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>White</u>		
(10) BIRTHPLACE <u>Johnston, SC</u>		(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)		
(11) OCCUPATION <u>Merchant</u>			(18) OCCUPATION <u>Domestic</u>	
(12) Number of children born to mother, including present birth <u>Two</u>			(19) Number of children of this mother now living, including present birth <u>Two</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 12:45 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Hunter W. ...  
(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Aiken, SC

(Given name added from a supplemental report)

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

(25) Filed Feb 6, 1923 (26) Met Turnbull, Supt.  
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.

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FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1.

Bureau of Statistics, Columbia, S. C.

Bureau of Statistics