

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. Town of .....

City of Williamston

(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 HealthRegistration District No. 3-C Registered No. 57  
(For use of Local Registrar)(2) Full Name of Child Larry Mas. Kensing If child is not yet named, make supplemental report as directed3 SEX OR Boy 4 Type Free 5 Number in 20 6 DATE OF May 10  
or Girl To be reported only in event of Twin or Triplets BIRTH 1923  
(Month) (Day) (Year)

| FATHER   |   | MOTHER   |  |
|--|---|--|--|
| (8) FULL NAME <u>E. H. Kensing</u>                                       | (14) NAME BEFORE MARRIAGE <u>Lola Foster</u>  | (10) PRESENT POSTOFFICE OF FATHER <u>Williamston, S.C.</u> | (16) PRESENT POSTOFFICE OF MOTHER <u>Williamston, S.C.</u> |
| (12) COLOR OR RACE <u>White</u>  | (18) COLOR OR RACE <u>White</u>   | (11) AGE AT LAST BIRTHDAY <u>23</u>                        | (17) AGE AT LAST BIRTHDAY <u>23</u>                        |
| (13) BIRTHPLACE <u>Ga</u>  | (19) BIRTHPLACE <u>Ga</u>   | (15) OCCUPATION <u>Mill work</u>                           | (21) OCCUPATION <u>Domestic</u>                            |
| (22) Number of children born to mother, including present birth <u>3</u> | (23) Number of children of this mother now living, including present birth <u>3</u> |  |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born at 1:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) E. L. Kensing M.D.  
(26) State whether Physician or Midwife (27) Address of Physician or Midwife Williamston, S.C.

Give name added from a supplemental report

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

(29) Filed 6-12 19 23 (30) Lillian Russell 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.

a Supplementary report (Date of) June 12  
RegistrarAddress Lyman  
Filed 6-12 19 23 Registrar