

(1) PLACE OF BIRTH

County of

Township of

or

Inq. Town of

or

City of

(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.

File No.—For State Registrar Only

23174

Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child

Nolan Bertha Kersy

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

1

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH May 7 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Kersy

(9) PRESENT POSTOFFICE OF FATHER

Brownsville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31
(Years)

(12) BIRTHPLACE

Dillon Co

(13) OCCUPATION

Farm Laborer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Eva Brooks

(15) PRESENT POSTOFFICE OF MOTHER

Brownsville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

17
(Years)

(18) BIRTHPLACE

Mortons

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

born alive at 10 am
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 16 1922

(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.