

Form No. 1

## (1) PLACE OF BIRTH

County of Blacksburg  
 Township of Blacksburg  
 or  
 Inc. Town of Blacksburg  
 or  
 City of \_\_\_\_\_

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

File No.—For State Registrar Only

10021

Registration District No. 5-A Registered No. 12  
 (For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Caroline Kerse If child is not yet named, make supplemental report as directed

3) SEX OR GIRL? Girl 4) Twin or Triplet? \_\_\_\_\_ 5) Number in order of birth \_\_\_\_\_ 6) Are Parents Married? Yes 7) DATE OF BIRTH April 16, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Caroline Kerse  
 9) PRESENT POSTOFFICE OF FATHER Blacksburg  
 10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37  
 12) BIRTHPLACE S. C.  
 13) OCCUPATION Housewife

## MOTHER.

(14) NAME BEFORE MARRIAGE Paula Kerse  
 (15) PRESENT POSTOFFICE OF MOTHER Blacksburg  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION \_\_\_\_\_  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:45 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline Kerse (24) State whether Physician or Midwife 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 10, 22 (28) W. A. Hammond Local Registrar

19 \_\_\_\_\_  
 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.