

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

Inc. Town of .....

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

File No.—For State Registrar Only

487

Registration District No. 3013 Registered No. 19  
(For use of Local Registrar)(2) Full Name of Child Ma. Kharney

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Age of child at birth

(7) DATE OF BIRTH

Feb. 17, 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Kharney(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33  
(Year)(12) BIRTHPLACE Orangeburg, Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Randolph(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37  
(Year)(18) BIRTHPLACE Orangeburg, Co(19) OCCUPATION Farm, Help(21) Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at Orangeburg, S.C.  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Francis G. Gentry(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 20, 23(28) Local Registrar

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 5th month of pregnancy.

WRITER PLAINLY. WRITE UNFOLDING LINE—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Statistics, Columbia, S. C.