

## (1) PLACE OF BIRTH

County of Marlboro  
 Township of Bedfordville  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 3500

File No.—For State Register Only

43890Registered No. 66  
(For use of Local Registrar)(2) Full Name of Child Wm. M. Kinley

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age Parents Married Yes (7) DATE OF BIRTH Apr 12 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. Henry Ainsworth  
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)  
 (12) BIRTHPLACE Mississippi  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Stubb  
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Marlboro Co SC  
 (19) OCCUPATION h.w.

(20) Number of children born to mother, including present birth 1 2 (21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 6 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Thos. T. Smith M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bennettsville

Given name added from a supplemental report

(26) Witness CL Newton (Signature of Witness necessary only when question 23 is signed by mother)  
 (27) Filed Apr 30 22 (28) CL Newton 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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