

NOTE: WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATED BLANK FOR EACH CHILD, AND MARK THE CHILDREN, No. 1, THIS CHILD, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
County of Kershaw
Township of Buffalo
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
15413

Registration District No. 2700 Registered No. 68
(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 William Robert If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE May 2, 1922
To be answered only in event of Twin or Triplets BIRTH (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William M. Robert
(9) PRESENT POSTOFFICE OF FATHER Kershaw S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Washington County
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Helen Ballard
(15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Rock Hill S.C.
(19) OCCUPATION House wife Cook & Sewer
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. O. Harrison
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Kershaw S.C.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed (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.