

(1) PLACE OF BIRTH

County of KershawTownship of W. Wateror
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

64955

Registration District No. 274 L Registered No. 100

(For use of Local Registrar)

(2) Full Name of Child Deed. m. named { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 5</u> 19 <u>46</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Mose Overard(9) PRESENT POSTOFFICE OF FATHER W Carey, S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE Sawfield Co. S. C.(13) OCCUPATION Logging(20) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Frances Kibler(15) PRESENT POSTOFFICE OF MOTHER W Carey, S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 72 (Years)(18) BIRTHPLACE Kershaw Co. S. C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Head(24) State whether Physician or Midwife (25) Address of Physician or Midwife Medwife W Carey S. C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed June 19 1946 (28) Mrs. L. L. Perry Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.