

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, WITH A FADING INK—THIS IS A PERMANENT RECORD.

N. H.—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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA		4484	
Township of <u>Knights</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>2308</u>		Registered No. <u>5</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Largum Kemp</u>		If child is not yet named, make supplemental report as directed			
(3) Boy or GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 25</u> 19 <u>22</u>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Larance Kemp</u>			(14) NAME BEFORE MARRIAGE <u>Mary Lou Satcher</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Dyson, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dyson, S.C.</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Dyson, S.C.</u>			(18) BIRTHPLACE <u>Dyson, S.C.</u>		
(13) OCCUPATION <u>Lammy</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7 P.M.</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>Ellen X Austin</u>					
(24) State whether <u>Physician</u> or Midwife					
(25) Address of Physician or Midwife <u>Dyson, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>Louise L. Gary</u>		
			(Signature of Witness necessary only when question 25 is signed by mark)		
			(27) Filed <u>Mar 8</u> 19 <u>22</u>		
			(28) <u>Louise L. Gary</u> 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.					

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.