

(1) PLACE OF BIRTH

County of BambergTownship of 3 mile

or

Inc. Town of

or

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

63128

Registration District No. 404 Registered No. 80

(For use of Local Registrar)

(2) Full Name of Child.

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 25 1916

(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Levi Kinard

(9) PRESENT POSTOFFICE OF FATHER

Chhardt. S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

45 (Years)

(12) BIRTHPLACE

Bamberg Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Bishop

(15) PRESENT POSTOFFICE OF MOTHER

Chhardt. S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Bamberg Co. S.C.

(19) OCCUPATION

housewife

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Martha Johnson

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Chhardt. S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

6/30 1916

(28)

E. J. Herndon

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.

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 3.
McCauley of Columbia