

## (1) PLACE OF BIRTH

County of Bamberg  
Township of 3 mile

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**63128**Inc. Town of ..... Registration District No. 404 Registered No. 80  
(For use of Local Registrar)  
City of ..... (No. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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? ..... (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25 1916  
(Date of Month) (Day) (Year)  
to be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME <u>Levi Kinard</u>	(14) NAME BEFORE MARRIAGE <u>Lillie Bishop</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Chhardt. S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Chhardt. S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Bamberg Co.</u>	(18) BIRTHPLACE <u>Bamberg Co. S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>housewife</u>
(21) Number of children born to mother, including present birth <u>3</u>	(22) Number of children of this mother now living, including present birth <u>3</u>		

## 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.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(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

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6/30 1916 (28) G. 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 5.  
McCauley of Columbia.