

(1) PLACE OF BIRTH

County of Darlington
 Township of Darlington
 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

3127

Registration District No. 400Registered No. 31
(For use of Local Registrar)

(2) Full Name of Child William D. Kemp (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

2/25/22
(Name of Month) (Day) (Year)

FATHER

(1) FULL NAME Louis Kemp(2) PRESENT POSTOFFICE OF FATHER Darlington, S.C.(3) COLOR OR RACE Col(4) AGE AT LAST BIRTHDAY 24
(Years)

(5) BIRTHPLACE

(6) OCCUPATION Farmer

MOTHER

(1) NAME BEFORE MARRIAGE Martha Jones(2) PRESENT POSTOFFICE OF MOTHER Darlington, S.C.(3) COLOR OR RACE Col(4) AGE AT LAST BIRTHDAY 24
(Years)(5) BIRTHPLACE Darlington

(6) OCCUPATION

(7) Number of children born to mother, including present birth 4(8) Number of children of the mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) William D. Kemp(25) Address of Physician or Midwife Darlington, S.C.

Given name added from supplemental report

(26) Witness

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

(27) Filed 2/27/22

(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.