

FORM NO. 10.
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.
McKay of Columbia.

(1) PLACE OF BIRTH
County of York
Township of Bethesda

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
45025

Inc. Town of Registration District No. 4401 Registered No. 117
(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 Robt. Harshaw Kerr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 18 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Kerr

(9) PRESENT POSTOFFICE OF FATHER York R # 3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marriam Harshaw

(15) PRESENT POSTOFFICE OF MOTHER York R # 3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A. M.,
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. I. McDowell

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife M.L.

Given name added from a supplemental report

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

(27) Filed Jan 1 1916 (28) J. H. Love 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.

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