

## (1) PLACE OF BIRTH

County of Pisperm  
 Township of Central  
 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

36068

Registration District No. 3200 Registered No. 189  
 (For use of Local Registrar)

(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 Virgin Odell Kinsler (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct-24-22  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Clifton Odell Kinsler

(9) PRESENT POSTOFFICE OF FATHER Central S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Mill Wrenen

(20) Number of children born to mother, including present birth 6

MOTHER  
 (14) NAME BEFORE MARRIAGE Corinne Kinsler

(15) PRESENT POSTOFFICE OF MOTHER Central S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House keeper

(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 13:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Bearden

(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Central S.C.

Given name added from a supplemental report

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

(27) Filed Oct-25-22 (28) J. D. Bearden Local Registrar

When there was no attending physician or midwife, then the father, household, 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.