

## (1) PLACE OF BIRTH

County of HamptonTownship of Paples

Inc. Town of .....

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

5-29 52558

Registration District No. 2402 Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child Arrie Kease { 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 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH March 5 1926 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME H. M. Kease(9) PRESENT POSTOFFICE OF FATHER Hampton R.R.(10) COLOR OF RACE Cold (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Bamberg Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Arrie Kease(15) PRESENT POSTOFFICE OF MOTHER Hampton se(16) COLOR OF RACE Cold (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Bamberg Co. S.C.(19) OCCUPATION House & field work(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 Arrie at 8:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Annie Moore midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given names added from a supplemental report

.....

.....

.....

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

(27) Filed 5-29-26 (28) H. W. Rogers 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.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.