

STATE OF SOUTH CAROLINA )  
COUNTY OF CHARLESTON )

PERSONALLY appeared before me, Emma G. Peggall, a Notary Public of South Carolina, Sarah Ann Kinloch, who being duly sworn says and deposes that she is the mother of Lethia Kinloch, who was born on Johns Island, South Carolina on June 1st, 1923; that the midwife who attended her at the birth of this child did not record this birth; that she has given the answers on the attached return of birth and that same are true and correct.

Sarah Ann Kinloch *True*  
Mother. *mailed*

to before me this

day of October, A.D. 1930

Emma G. Peggall  
Notary Public of S.C.

## 1. PLACE OF BIRTH

County of CharlestonTownship of Johns Island, S.C.or  
Inc. Town of \_\_\_\_\_or  
City of BeaufortStandard Certificate of Birth  
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

City of Johns Island, S.C.

Ward \_\_\_\_\_

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Lathia Kinloch3. Sex of Child Female4. If Female, Married

5. Twin, triplet, or other \_\_\_\_\_

6. Premature \_\_\_\_\_

7. Legitimate \_\_\_\_\_

Yes

8. Date of Birth

January 18th, 1923

(Month, Day, Year)

9. Full name

FATHER

Isiah Kinloch10. Residence (usual place of abode) Johns Island, S.C.11. Color or race Col.12. Age at last birthday 27 (Years)13. Birthplace (city or place) Johns Island, S.C.

(State or country)

14. Trade, profession, or particular kind of work done, as spinster, seamstress, bookkeeper, etc.

Farm Hand

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

19

10. Full name

MOTHER

Sarah Ann Robinson11. Residence (usual place of abode) Johns Island, S.C.12. Color or race Col.13. Age at last birthday 22 (Years)14. Birthplace (city or place) Johns Island, S.C.

(State or country)

15. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

At Home.

16. Industry or business in which work was done, as silk mill, lawyer's office, etc.

17. Date (month and year) last engaged in this work

18. Total time (years) spent in this work

1919. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

20. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks

21. Cause of stillbirth \_\_\_\_\_

22. Sex of stillborn \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11A on the date above stated (Born alive or stillborn)(Signed) Lacy Capers

M. D.

Address Johns Island, S.C.Date 12/1/30, 19 1930

When there was no attending physician or midwife, then the father, housekeeper, etc., should make this report.

Given name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_