

Form No. 1

## (1) PLACE OF BIRTH

County of Anderson  
 Pendleton  
 Township of Pendleton  
 or  
 Inc. Town of .....  
 or  
 City of Pendleton  
 (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  
58572

Registration District No. 310 Registered No. 37  
 (For use of Local Registrar)  
 (No. St. Wayd)

## (2) Full Name of Child

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 April 15 6  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Cliff O. Kinsler

(9) PRESENT POSTOFFICE OF FATHER Pendleton, S.C.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 24  
 OR RACE (Years)

(12) BIRTHPLACE Anderson, Co., S.C.  
Mill-operator

(13) OCCUPATION

three

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Corine Harbin

(15) PRESENT POSTOFFICE OF MOTHER Pendleton, S.C.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 24  
 OR RACE (Years)

(18) BIRTHPLACE Anderson, So., S.C.  
House-wife

(19) OCCUPATION

three

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert J. Smith

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

Physician

Pendleton, S. C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed May 1 191

(28) H. W. Sawright 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.

WHEN NECESSARY, WITH ENLARGED TYPE—THIS IS A PRELIMINARY BLANK FOR each child, and must be used in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and answer the FIRST-BORN, No. 1, FILE OUTLET, No. 2, etc., in question 5.  
 McCarty of Columbia