

(1) PLACE OF BIRTH

County of partanbury  
 Township of cherokee  
 or  
 In 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  
10180

Registration District No. 4002 Registered No. 28  
 (For use of Local Registrar)

St. .... Ward)  
 (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 Lillie Geneva If child is not yet named, make supplemental report as directed

(3) SEX OR SEXES girl (4) Type or Types To be answered only in case of Twin or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH June 30 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Deane Kinbrell  
 (9) PRESENT RESIDENCE OF FATHER Norris N.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Denishie Adams  
 (15) PRESENT RESIDENCE OF MOTHER Norris N.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 1-3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was white (Born alive or stillborn) (Sex) M. or F. M.) on the date above stated.

(22) (Signature) W. J. Head M.D. (23) Address of Physician or Midwife Corydonville S.C.  
 (24) State whether Physician or Midwife

Give name added from a supplemental report  
 .....  
 19 .....

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (26) Filed 7/2 19 23 (27) Local Registrar J. H. Blodgett

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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