

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
74962

(1) PLACE OF BIRTH
County of Sumter
Township of Stately
of
Inc. Town of Horatio
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4109 Registered No. 77
(For use of Local Registrar)
St.; _____ Ward

(2) Full Name of Child Rosa Estelle Kershaw If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets*</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 28</u> 19 <u>14</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	----------------------	--	-------------------------------------	--

FATHER.

(8) FULL NAME Isaac C. Kershaw

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

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Horatio, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1. No. One

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Davis

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

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Horatio, S.C.

(19) OCCUPATION Farmer's Wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 o'clock P.M. on the date above stated.
(Born alive or stillborn) (Hour)

(23) (Signature) [Signature]

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

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness [Signature]
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 6, 1914 (28) Ben Sanders
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 IN INK, 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.