

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 SumterTownship of StatenburgInc. Town of Horatio

City of (No.)

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

Registration District No. 4109Registered No. 77

(For use of Local Registrar)

(2) Full Name of Child Rosa Estelle Kerschaw

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 To be answered only in event of Twins or Triplets*	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 28</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Isaac Kerschaw(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) Isaac Kerschaw
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 6, 1911 (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.

McCauley, of Columbia.