

PLACE OF BIRTH

County of Kershaw
 Township of
 or
 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

19133

Registration District No. 2704

Registered No.
 (for use of Local Registrar)

St.; Ward)
 If child is born in a hospital or other institution, give name of same instead of street and number.

2 Full Name of Child Lila

If child is not yet named, make appropriate note as directed

3 Sex Female
 4 Time of Birth
 5 Number in order of birth
 To be answered only in event of Twin or Triplets

6 Age of Parents at Birth 20

7 DATE OF BIRTH Feb 10 1913

FATHER.

MOTHER.

NAME
 PRESENT POSTOFFICE OF MOTHER
 COLOR
 DATE
 BIRTHPLACE
 CREATION NAME OF ATTENDING PHYSICIAN OR MIDWIFE

10 NAME BEFORE MARRIAGE Mrs. Lila
 11 PRESENT POSTOFFICE OF MOTHER at home
 12 COLOR White AGE AT LAST BIRTHDAY 17
 13 DATE
 14 BIRTHPLACE
 15 EDUCATION
 16 Number of children of the mother now living, including present birth

I hereby certify that I attended the birth of this child, who was born at home on the date above stated.

(21) (Signature) Mrs. Lila
 (22) State Whether Physician or Midwife (23) Address of Physician or Midwife

Witness (24) Signature of Witness necessary only when question 23 is signed by mark
 (25) Name of Witness Mrs. Lila
 (26) Name of Registrar Mrs. Lila

NOTE: This form is to be filled out by the attending physician, midwife, or household, etc. should make this return. No report is desired of stillbirths.

IN CASE OF TWIN OR TRIPLETS, USE SEPARATE FORM FOR EACH CHILD AND MARK THE FIRST BORN ON EACH FORM.