

## (1) PLACE OF BIRTH

County of DeLeonTownship of Manning

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64081

Registration District No. 1605 Registered No. 21

(For use of Local Registrar)

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 Marguerite Bernice Kersey 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 Jan 22 1916 (Name of Month) (Day) (Year)

| FATHER.  |  | MOTHER.   |   |
|--|--|---|---|
| (8) FULL NAME <u>Rufus Kersey</u>              | (14) NAME BEFORE MARRIAGE <u>Vernon Jackson</u>                            | (15) PRESENT POSTOFFICE OF FATHER <u>DeLeon</u>                                       | (15) PRESENT POSTOFFICE OF MOTHER <u>DeLeon</u>                                       |
| (9) PRESENT POSTOFFICE OF FATHER <u>DeLeon</u> | (16) COLOR OR RACE <u>white</u>  | (17) AGE AT LAST BIRTHDAY <u>21</u> (Years)   | (17) AGE AT LAST BIRTHDAY <u>21</u> (Years)   |
| (10) COLOR OR RACE <u>white</u>                | (18) BIRTHPLACE <u>DeLeon</u>  | (19) OCCUPATION <u>Housewife</u>  | (19) OCCUPATION <u>Housewife</u>  |
| (11) AGE AT LAST BIRTHDAY <u>26</u> (Years)    | (20) Number of children born to mother, including present birth <u>one</u> | (21) Number of children of this mother now living, including present birth <u>one</u> | (21) Number of children of this mother now living, including present birth <u>one</u> |
| (12) BIRTHPLACE <u>DeLeon</u>                  |  |   |   |
| (13) OCCUPATION <u>Farmer</u>                  |  |   |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at DeLeon (Born alive or stillborn) (Hour A. M. or P. M.) 4:30 P. M. on the date above stated.(23) (Signature) Dr. J. M. Kersey (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife DeLeon

Given name added from a supplemental report

Pub. No. 191.7  
DeLeon  
DeLeon  
Registrar

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

(27) Filed Jan 22 1916 (28) DeLeon 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.

MAKING RECORDS OF BIRTHS, DEATHS, AND MARRIAGES. THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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