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

(1) PLACE OF BIRTH

County of _York_

Township of _____

or
Inc. Town of _Rock Hill_ S C Registration District No. _44_ Registered No. _____
(For use of Local Registrar)

or
City of _____ (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 _Sylvester Kimbrell_ { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? _____ (4) Twin or triplet? _____ (5) Number in order of birth _____ (To be answered only in event of Twins or triplets) (6) Are Parents Married? _Yes_ (7) DATE OF BIRTH _Mch 9 1913_ (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME _Carl W Kimbrell_	(14) NAME BEFORE MARRIAGE _Bertha Kimbrell_
(9) PRESENT POSTOFFICE OF FATHER _Rock Hill S C_	(15) PRESENT POSTOFFICE OF MOTHER _Rock Hill S C_
(10) COLOR OR RACE _White_ (11) AGE AT LAST BIRTHDAY _____ (Years)	(16) COLOR OR RACE _White_ (17) AGE AT LAST BIRTHDAY _23_ (Years)
(12) BIRTHPLACE _S C_	(18) BIRTHPLACE _S C_
(13) OCCUPATION _Textile_	(19) OCCUPATION _House work_
(20) Number of children born to mother, including present birth _4_	(21) Number of children of this mother now living, including present birth _4_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _Alive_ at _1_ _A_ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _R D Sumner M D_

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _Rock Hill S C_

Given name added from a supplemental report

_____ 191_

_____ Registrar

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

(27) Filed _____ 191_ (28) _____ 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.

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