Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
29290

(1) PLACE OF BIRTH

County of Spartanburg

Township of Cherokee

or

Inc. Town of ..... Registration District No. 4002 a Registered No. 100 (For use of Local Reistrar)

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 Shearly Kimbrel { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? — To be answered only in event of Twins or Triplets | (5) Number in order of birth One | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Aug 17, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Gettis Kimbrel	(14) NAME BEFORE MARRIAGE Lillie Gilbert
(9) PRESENT POSTOFFICE OF FATHER Cherokee R.F.D. #1	(15) PRESENT POSTOFFICE OF MOTHER Cherokee R.F.D. #1
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Spartanburg	(18) BIRTHPLACE Spartanburg Co. S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth { One	(21) Number of children of this mother now living, including present birth { One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Balin at 8:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. McKinney

(24) State whether Physician or Midwife Physician | (25) Address of Physician or Midwife Cherokee 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 Aug 20 1915 (28) J. Blackwell 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.
WHITE PLAINLY—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.