

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27410

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Carlisle Sines Kilpatrick

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X(5) Number in order of birth X

(To be answered only in event of Twin or Triplet)

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 13(Name of Month) (Day) (Year) 13

FATHER.

(8) FULL NAME Orion Carlisle Kilpatrick(9) PRESENT POSTOFFICE OF FATHER 180 Congress St. City(10) COLOR OR RACE N(11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Cartersville S.C.(13) OCCUPATION Insurance(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mildred Sines(15) PRESENT POSTOFFICE OF MOTHER 180 Congress St. City(16) COLOR OR RACE N(17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Summersville S.C.(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive as 6:15 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. L. Taylor(24) State whether Physician or Midwife (25) Address of Physician or Midwife 18 Radcliffe St.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed 101

(28)

J. Mercier Chen 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.

Filed 101