

(1) PLACE OF BIRTH

County of *S.C.*

Township of

OF

Inc. Town of *Pike*

OR

City of *Pike*(No. *1007 Fairfield* 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 *John Kimbol*

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

(3) BOY OR GIRL *boy*(4) Twin or Triplet? *no*(5) Number in order of birth *1*(6) Are Parents Married? *yes*

(7) DATE OF

BIRTH *Nov. 19, 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James Kimbol*(9) PRESENT POSTOFFICE OF FATHER *Pike*(10) COLOR OR RACE *colored*(11) AGE AT LAST BIRTHDAY *23*
(Year)(12) BIRTHPLACE *Pike*(13) OCCUPATION *Day Labor*(20) Number of children born to mother, including present birth *Two children*

MOTHER.

(14) NAME BEFORE MARRIAGE *Alitta Mathis*(15) PRESENT POSTOFFICE OF MOTHER *Pike*(16) COLOR OR RACE *colored*(17) AGE AT LAST BIRTHDAY *25*
(Year)(18) BIRTHPLACE *Edgfield*(19) OCCUPATION *house work*(21) Number of children of this mother now living, including present birth *Two children*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *alive* at *H.A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary Bantz*(24) State whether Physician or Midwife *mid wife*(25) Address of Physician or Midwife *12 S. Pendleton St.*

(Given name added from a supplemental report)

(26) Witness *W. B. Kimbol*

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

(27) Filed *11/17/1922*(28) *J. B. Kimbol*

Local Registrar

19
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 or stillbirth before the fifth month of pregnancy.

per H.P. Kimbol

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

MAGASAP COLUMBIA, COLUMBIA, S. C.