

(1) PLACE OF BIRTH

County of *Bamberg*
 Township of *Bamberg*
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only

12925

Registration District No. *400* Registered No. *77*
 (For use of Local Registrar)

(No. Street Ward)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Mary Kirkland*

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

(a) SEX GIRL	(b) DATE OR TIME To be answered only in event of Twins or Triplets	(c) NUMBER IN ORDER OF BIRTH	(d) ARE PARENTS MARRIED <i>yes</i>	(e) DATE OF BIRTH MONTH <i>May</i> DAY <i>23</i> YEAR <i>1929</i> (Name of Month) (Day) (Year)
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FATHER

(1) FULL NAME *John Kirkland*
 (2) PRESENT
RESIDENCE
OF FATHER *Bamberg*
 (3) COLOR
OR
RACE *white*
 (4) BIRTHPLACE *Bamberg*

OCCUPATION

Farmer

(22) Number of children born to
mother, including present birth *1, 3*

MOTHER

(1) NAME BEFORE
MARRIAGE *Anna*
 (2) PRESENT
RESIDENCE
OF MOTHER *Bamberg*
 (3) COLOR
OR
RACE *white*
 (4) BIRTHPLACE *Bamberg*
 (5) OCCUPATION *Domestic*

(21) Number of children of this mother
now living, including present birth *1, 3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(28) (Signature)

(29) State whether Physician or Midwife

(30) Address of Physician or Midwife

Lida Ross
Midwife *Bamberg*

Give name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 28 is signed by mark)19
Registered

(27) Filed

19 23 (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.