

(1) PLACE OF BIRTH

County of Colleton
 Township of Fraser
 or Town of Jacksonboro
 or City of

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

No. for State Register

39676

Registration District No. 1404 Registered No. 16
 (For use of Local Registrar)

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 Kate Sires

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

(3) BOY OR GIRL Girl (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married Yes (7) DATE OF BIRTH
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Herbert Lee Sires(9) PRESENT POST OFFICE OF FATHER Jacksonboro, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Parkers Ferry - S.C.(13) OCCUPATION Works at Saw Mill(14) Number of children born to mother, including present birth 4

MOTHER

(15) NAME BEFORE MARRIAGE Karie Garvin(16) PRESENT POST OFFICE OF MOTHER Jacksonboro, S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 27 (Year)(19) BIRTHPLACE Pine Hill - S.C.(20) OCCUPATION Domestic(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 Born alive at 11-30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sophie Menzies

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

P. P. Sires, Jr. 19
 Registrar

(27) Filed (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the 5th month of pregnancy.