Form No. 1

(1) PLACE OF BIRTH

County of Laurens

Township of Laurens

or

Inc. Town of .....

or

City of .....

(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

77886

Registration District No. 7904 Registered No. 114

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child William Harold Kirby

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? —

(5) Number in order of birth —

To be answered only in event of Twins or Triplets

(6) Are the Parents Married? Yes

(7) DATE OF BIRTH Aug. 16 1916 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Father Kirby	(14) NAME BEFORE MARRIAGE	Carrie Rice
(9) PRESENT POSTOFFICE OF FATHER	Watts Mills SC	(15) PRESENT POSTOFFICE OF MOTHER	Watts Mills SC
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years)	31
(12) BIRTHPLACE	Greenville Co SC	(18) BIRTHPLACE	Elberton Ga
(13) OCCUPATION	Mill Operative	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	6	(21) Number of children of this mother now living, including present birth	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Robert R. McCollum MD

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Laurens SC

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 Sept 20 1916 (28) L. G. Boyd 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.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

McCaw, of Columbia.