

## (1) PLACE OF BIRTH

County of KershawTownship Flat Rockor  
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

90482

Registration District No. 2702 Registered No. 157

(For use of Local Registrar)

(2) Full Name of Child William Paul Kirkland

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

(3) BOY or GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age at birth	(7) DATE OF BIRTH <u>Dec 24 1917</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Samuel R. Kirkland(9) PRESENT POSTOFFICE OF FATHER Kershaw(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Kershaw Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Drakeford(15) PRESENT POSTOFFICE OF MOTHER Kershaw(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Kershaw Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Turner(24) State whether Physician or Midwife (25) Address of Physician or Midwife Kershaw

Give a name added from a supplemental report

May 16, 1917W. B. Turner Registrar

(26) Witness

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

(27) Filed 119 19 7 (28) J. H. Burfield 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.