

(1) PLACE OF BIRTH

County of LaurensTownship of LaurensInc. Town of Nash MillsCity of Nash Mills

(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

No. 41338Registration District No. 1904 Registered No. 110

(For use of Local Registrar)

(2) Full Name of Child Nannie M. Kirby

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

(1) SEX OR GIRL	(2) Twin or Triplet?	(3) Number in order of birth	(4) Age Married?	(5) DATE OF BIRTH
<u>Girl</u>		<u>1</u>		<u>Dec. 20, 1904</u>
(6) FULL NAME <u>Robt Balingier Kirby</u>			(7) NAME BEFORE MARRIAGE <u>Lillie May Robbins</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>Laurens, SC</u>			(9) PRESENT POSTOFFICE OF MOTHER <u>Laurens, SC</u>	
(10) COLOR OR RACE <u>White</u>			(11) AGE AT LAST BIRTHDAY <u>29</u>	
(12) BIRTHPLACE <u>SC</u>			(13) AGE AT LAST BIRTHDAY <u>25</u>	
(14) OCCUPATION <u>Textile</u>			(15) BIRTHPLACE <u>SC</u>	
(16) Number of children born to mother, including present birth <u>4</u>			(17) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (stillborn) (Mark A. M. or B. M.) on the date above stated.(23) (Signature) J. M. Pearson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens, SCGiven name added from a supplement-
tal reportM. L. 15 10124J. T. Kirby Registrar(26) Witness (Signature of Witness necessary only
when question 22 is signed by physician or midwife)(27) Place Laurens, SC (28) K. Bishop 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.