

(1) PLACE OF BIRTH

County of *Sumter*

Township of *Shiloh*

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

50602

Registration District No. *4107* Registered No. *17*

(For use of Local Registrar)

2) Full Name of Child *Lencia Endornia Kirby* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 7* 19*14*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Willie Kirby*

(9) PRESENT POSTOFFICE OF FATHER *Lynchburg, S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE *Sumter Co*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Sallie Horton*

(15) PRESENT POSTOFFICE OF MOTHER *Lynchburg, S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *33* (Years)

(18) BIRTHPLACE *Sumter Co*

(19) OCCUPATION *Housekeeping*

(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *1239* P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Alace McElwain*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Lynchburg, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed *Feb 15* 19*14* (28) *S. E. McElwain* 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.

fifth month of pregnancy.

(Copy from original in parents)