

FORM NO. 10. MARRIAGES REGISTERED FOR BINDING. WRITERS PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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 6.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Shiloh
 or
 Inc. Town of Registration District No. 4107 Registered No. 17
 or
 City of (No. St.; Ward)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
50602

2) Full Name of Child Louisa Endornia Kirby } 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 7 1914
To be answered only in case of Twins or Triplets (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 Lallie 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 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Allice McElwain
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lynchburg, S.C.

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 Feb 15 1914 (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.

(Copy from original in parents)