

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or Inc. Town of .....

or City of Columbia, S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Doris Ruth Kirby

File No. — For State Registrar Only

2338

Registration District No. 380Registered No. 1044

(For use of Local Registrar)

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 161922

To be answered only in event of Twin or Triplet

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

## FATHER.

(8) FULL NAME

James E Kirby

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27.9.22  
(Year)

(12) BIRTHPLACE

Sanington Co

(13) OCCUPATION

Farmer RR

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Ruth Jones

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

21  
(Year)

(18) BIRTHPLACE

Asheville, N.C.

(19) OCCUPATION

House wife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9.9. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. S. Pope, Jr.

(24) State whether Physician or Midwife

Physician or MidwifeColumbia, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is answered "mark")

(27) Filed 1-201922(28) 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.

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This form is to be filled out by the physician or midwife who attended the birth of the child, and mark the child's sex, date of birth, and place of birth. If the child is born in a hospital, give the name of the hospital. If the child is born at home, give the name of the mother. If the child is born in a hospital, give the name of the hospital. If the child is born at home, give the name of the mother.

RECEIVED BY THE STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

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