

(1) PLACE OF BIRTH

County of RichlandTownship of Low

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3003

File No. — For State Registrar Only

5598Registered No. 10
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Leroy Kirk

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

FATHER.

(8) FULL NAME

Abraham Kirk

(9) PRESENT POSTOFFICE OF FATHER

Easton(10) COLOR OR RACE C

(11) AGE AT LAST BIRTHDAY

58
(Years)

(12) BIRTHPLACE

Richland

(13) OCCUPATION

Farming

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Leroy Kirk

(15) PRESENT POSTOFFICE OF MOTHER

Easton(16) COLOR OR RACE C

(17) AGE AT LAST BIRTHDAY

44
(Years)

(18) BIRTHPLACE

Richland

(19) OCCUPATION

Housewife

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Easton on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cassie Porter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Easton

Given name added from a supplemental report

(26) Witness

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

(27) Date

Jan 13 1922

(28)

E. J. Fugate

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.