

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of HarleyvilleOR
Inc. Town of HarleyvilleOR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
34216Registration District No. 1704Registered No. 6
(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 Marian Sue Kiger

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

(6) Are Parents Married? yes

(7) DATE OF BIRTH

July 23, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Shuler Ben Kiger

(9) PRESENT POSTOFFICE OF FATHER

Harleyville S.C.(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

St. George S.C.

(13) OCCUPATION

Farming

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

14

MOTHER

(14) NAME BEFORE MARRIAGE

Minnie Esthine Bowman

(15) PRESENT POSTOFFICE OF MOTHER

Harleyville S.C.(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Harleyville S.C.

(19) OCCUPATION

Housekeeping

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

17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Marian Bowman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 30, 1922

(28)

G. L. Mendenhall
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.

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 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.