

## (1) PLACE OF BIRTH

County of Charleston S.C.

Township of .....

Inc. Town of .....

City of Charleston 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

Kirchner

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

3) BOY OR GIRL

girl

4) Twin or Triplet?

X

5) Number in order of birth

X

To be answered only in event of Twins or Triplets

6) Are Parents Married?

yes

7) DATE OF

BIRTH June 11 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Le Roy Irvine Kirchner.

9) PRESENT POSTOFFICE OF FATHER

9 Percy St Charleston S.C.

10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

31  
(Years)

12) BIRTHPLACE

Mich.

13) OCCUPATION

Agent maker.

## MOTHER.

(14) NAME BEFORE MARRIAGE

Alma Sturcken

(15) PRESENT POSTOFFICE OF MOTHER

9 Percy St Charleston S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housewife

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

1

(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 June 11 1922 at H. P.M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature)

H. H. H.

(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

6/20 1922

(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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File No.—For State Registrar Only

17865

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

9A

Registration District No.

Registered No.

842

(For use of Local Registrar)

Nancy Maternity Hospital Ward

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