

(1) PLACE OF BIRTH

County of Kershaw

Township of

Inc. TOWN OF

City of Osceola

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 27-A

File No.—For State Registrar Only

38451Registered No. 99
(For use of Local Registrar)

St. Ward)

(2) Full Name of Child

Ray Kirkland

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 1(6) Are Parents Married? Yes(7) DATE OF BIRTH 9 4 73
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ray Kirkland

(9) PRESENT POSTOFFICE OF FATHER

Osceola(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE

Osceola S.C.

(13) OCCUPATION

Lawyer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Janice Brown

(15) PRESENT POSTOFFICE OF MOTHER

Osceola(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE

Osceola S.C.

(19) OCCUPATION

Housewife(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 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. G. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Osceola

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11/11/73

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(28)

W. G. Wilson

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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