

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *!!*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only

16804

Registration District No. *4008* Registered No. *138*
(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 *Fredddie Opal Kirby* (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 *May 13 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Volney Kirby*
(9) PRESENT POSTOFFICE OF FATHER *C. Clifton S.C.*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *39*
(Years)
(12) BIRTHPLACE *Union Co. S.C.*
(13) OCCUPATION *Textile work*
(20) Number of children born to mother, including present birth *10*

MOTHER.

(14) NAME BEFORE MARRIAGE *Carla Wright*
(15) PRESENT POSTOFFICE OF MOTHER *C. Clifton S.C.*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *36*
(Years)
(18) BIRTHPLACE *Union Co. S.C.*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mary Parris*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *C. Clifton S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *May 25 1922* (25) *C. T. Parker* Local Registrar

19 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.