

FORM NO. 8  
MARGIN RESERVED FOR THE HUSBAND.  
WITHIN PLAINLY. WITH THE ABOVE INK. THERE IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT for each child, and mark the  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

Township of W. S. S. S. S. Registration District No. 4006 Registered No. 01  
(For use of Local Registrar)  
Inc. Town of ..... (No. ....) SL: ..... Ward)  
City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(2) Full Name of Child Samuel T. Kitchen If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1 1916</u> Name of Month (Day) (Year)
FATHER			MOTHER	
(3) FULL NAME <u>Walter T. Kitchen</u>			(14) NAME BEFORE MARRIAGE <u>May M. Craver</u>	
(11) PRESENT POST OFFICE <u>Trough S.C.</u>			(15) PRESENT POST OFFICE OF MOTHER <u>Trough S.C.</u>	
(12) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(13) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(18) BIRTHPLACE <u>S.C.</u>			(19) BIRTHPLACE <u>S.C.</u>	
(20) OCCUPATION <u>Millwork</u>			(21) OCCUPATION <u>Housewife</u>	
(22) Number of children born to mother, including present birth <u>2</u>			(23) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) H. L. Kirkpatrick  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Picolet, S.C.

Given name added from a supplemental report ..... 191..... ..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>H. W. Brown</u> (27) Filed <u>6/10/16</u> (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.

\*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.