

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of #1OR
Inc. Town of LeedsOR
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 Jessie Alexander Killian (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 13 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Claude Killian(9) PRESENT POSTOFFICE OF FATHER Leeds S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Union County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Isabelle Taylor(15) PRESENT POSTOFFICE OF MOTHER Leeds, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Fairfield County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Porter Coleman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Leeds, S.C.

Given name added from a supplemental report

(26) Witness M. A. Killian
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 4 1922 (28) Mrs. C. W. Fanette
Registrar 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.

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MISSISSIPPI, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30054

Registration District No. 1900 Registered No. 57
(For use of Local Registrar)

(No. St.; Ward)