Form No. 1

(1) PLACE OF BIRTH

County of Barnwell.

Township of Blackville

or

Inc. Town of .....

or

City of .....

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 Health

Registration District No. 524 Registered No. 47
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

File No.—For State Registrar Only: 13739

(2) Full Name of Child Louise Kirkland (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 12 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Kirkland

(9) PRESENT POSTOFFICE OF FATHER Blackville

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Thelma Augusta

(15) PRESENT POSTOFFICE OF MOTHER Blackville

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emaline Bradley

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed June 10 1922 (28) W. D. Hammond
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.