

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Barfords Bridge  
 or  
 Inc. Town of Olas  
 or  
 City of Se

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

37251

Registration District No. 401 Registered No. 128  
 (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 Robert M. Kirkland If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 25 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Kirkland  
 (9) PRESENT POSTOFFICE OF FATHER Olas S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 52  
 (Year)  
 (12) BIRTHPLACE Bamberg Co  
 (13) OCCUPATION U.S. Mail Carrier  
 (14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Sara Matthews  
 (15) PRESENT POSTOFFICE OF MOTHER Olas Se  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
 (Year)  
 (18) BIRTHPLACE Augusta Ga  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Le B. Ray (23) Address of Physician or Midwife Olas Se  
 (24) State whether Physician or Midwife MD

Given name added from a supplemental report

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

(27) Filed Dec 9 1922 (28) J. E. Bennett 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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