

(1) PLACE OF BIRTH

County of York
 Township of Bethesda

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

File No.—For State Registrar Only

50781

Registration District No. 4401 Registered No. 138
 (For use of Local Registrar)

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

(3) SEX OF GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 7</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Gustus Kill</u>			(9) NAME BEFORE MARRIAGE <u>Lily Simms</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>McConnellville</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>McConnellville S.C.</u>	
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>69</u> (Years)	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>85</u> (Years)	
(16) BIRTHPLACE <u>Chester, S.C.</u>			(17) BIRTHPLACE <u>Chester S.C.</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House & field work</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour & P.M.)

(23) (Signature) Midwife Lillie Shuff
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mr. S. H. Love
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 12, 1906 (28) S. H. Love
 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.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
 McCaw, of Columbia.