

(1) PLACE OF BIRTH

County of Summerville
 Township of Summerville
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

42661

Registration District No. 22 05Registered No. 61
(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 Vetta Kirby

If child is not yet named, make
 supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH DEC 28, 1972
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME V. M. Kirby
 (9) PRESENT POSTOFFICE OF FATHER Princeton R 1
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annette Campbell
 (15) PRESENT POSTOFFICE OF MOTHER Princeton R 1
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. H. Stoddard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

(26) Witness

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

(27) Filed Dec 22, 1972(28) W. A. R. O. C.

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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