

Form No. 1

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of Gaffney S.C.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

635

Registration District No. 10ARegistered No. 26

(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 Clara Kirby

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

(3) SEX OF CHILD Girl (4) TIME OF BIRTH 10:20 (5) NUMBER OF CHILD BORN ALIVE 1 (6) DATE OF BIRTH Jan 25 22 (7) PLACE OF BIRTH Gaffney S.C.

FATHER.

(8) FULL NAME Samuel Kirby(9) PRESENT RESIDENCE OF FATHER Gaffney S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Laborer(14) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BIRTH 2

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Carpenter(15) PRESENT RESIDENCE OF MOTHER Gaffney S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(20) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (22) (Signature) Mary Etta Kirby (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by birth)

(26) Date Jan 25 22 (27) Registrar W. H. Smith

before the birth month of 1922