

(1) PLACE OF BIRTH

County of SaludaTownship of #

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.)

Maid 10/16/22
CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27816

Registration District No. Registered No. 62
(For use of Local Registrar)(No. 11 Mon u St.; Ward)(2) Full Name of Child James A. KIRKLAND (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 16, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Shelly Kirkland</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Lee</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Batesburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Batesburg</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(12) BIRTHPLACE <u>Saluda Co</u>	(18) BIRTHPLACE <u>Saluda Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alsie Artemus(24) State whether Physician or Midwife mid(25) Address of Physician or Midwife Bridge Sprung

Given name added from a supplemental report

3-28-51
 19
 Registrar
(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 8, 1922 (28) F. H. Branch
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.