

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town of

City of Columbia

(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

16484

Registration District No. 38th Registered No. 1407

(For use of Local Registrar)

(2) Full Name of Child Earle Kirby Kyrle

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

(3) BOY OR GIRL? B (4) Twin or Triplet? N (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5 20 1942
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Earle W Kirby
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Preman
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Marjorie Butler
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION —
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jm Osborne Sr

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia SC

Given name added from a supplemental report

191

Registrar

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

(27) Filed 6-12-1942 (28) 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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