

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OFFICE. No. 2. etc. In question 5. Registrar, Columbia, California, B. C.

(1) PLACE OF BIRTH

County of Pickens
Township of Liberty
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

2274

Registration District No. 3705 Registered No. 2
(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

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 Jan 27 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Norman Kilstrap

(9) PRESENT POSTOFFICE OF FATHER Liberty SC R3

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Year)

(12) BIRTHPLACE Pickens Co SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mathie Presley

(15) PRESENT POSTOFFICE OF MOTHER Liberty SC R3

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Year)

(18) BIRTHPLACE Pickens Co SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. A. Sheldon M.D.
(24) State whether Physician or ~~Midwife~~ Midwife (25) Address of Physician or ~~Midwife~~ Liberty SC

Given name added from a supplemental report

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

(27) Filed Feb 9 1922 (28) John T. Briggs 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 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.