

Form No. 1 *Sebrington*

(1) PLACE OF BIRTH

County of *Dickinson*
Township of *Farmington*
or
Inc. Town of *Columbia*
or
City of *Sebrington*

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

File No. — For State Registrar Only

39900

Registration District No. *3805-19*

Registered No.
(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 *Henry and Della Susan* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <i>Twins</i>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Sept 27, 1922</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *James Kirk*
(9) PRESENT POSTOFFICE OF FATHER *Columbia, S.C.*
(10) COLOR OR RACE *Colored*
(11) AGE AT LAST BIRTHDAY *30* (Years)
(12) BIRTHPLACE *Sebrington*
(13) OCCUPATION *Farming*
(20) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Pearl Johnson*
(15) PRESENT POSTOFFICE OF MOTHER *Columbia, S.C.*
(16) COLOR OR RACE *Colored*
(17) AGE AT LAST BIRTHDAY *25* (Years)
(18) BIRTHPLACE *Sebrington*
(19) OCCUPATION *Farming*
(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 *Born Sept 27, at 5 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Alison* (25) Address of Physician or Midwife

(24) State whether Physician or Midwife *midwife* *Della Richardson Columbia*

Given name added from supplemental report

(26) Witness *P. H. D.*
(Signature of Witness necessary only when question 23 is signed by mark) *Oct 27 H*

(27) Filed *19* (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.

RECEIVED BY THE REGISTRAR, NO. 1, THE OTHER, NO. 2, etc., in question 5.

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