

(1) PLACE OF BIRTH

County of Mecklenburg.....Township of Reisterstown.....or
Inc. Town of Reisterstown.....or
City of

(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

Registration District No. 110

No. 11.—For Birth Register Only

44113

Registered No. 44113

(For use of Local Registrar)

(2) Full Name of Child

James P. Kling

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

(a) SEX OF CHILD

Boy

(b) TIME OF BIRTH

10:10

(c) NUMBER IN ORDER OF BIRTH

1

(d) AGE OF MOTHER

27

(e) DATE OF BIRTH

Dec 10 1924

(f) PLACE OF BIRTH

Reisterstown

FATHER.

(1) FULL NAME

(2) PRESENT POST OFFICE OF FATHER

(3) COLOR OR RACE

White

(4) AGE AT LAST BIRTHDAY

35

(5) BIRTHPLACE

(6) OCCUPATION

MOTHER.

(7) NAME BEFORE MARRIAGE

(8) PRESENT POST OFFICE OF MOTHER

(9) COLOR OR RACE

Black

(10) AGE AT LAST BIRTHDAY

16

(11) BIRTHPLACE

(12) OCCUPATION

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(14) I hereby certify that I attended the birth of this child, who was, And this.....
on the date above stated. (Born alive or stillborn) (Hour-Min. of P. M.)

(15) (Signature)

(16) State whether Physician or Midwife

(17) Address of Physician or Midwife

Given name added from a supplemental report

(18) Witness

(Signature of witness, notary, or other official, when question 15 is signed by parent)

(19) Filed

Feb 10 1924

(20)

10:10

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is needed of a stillborn before the fifth month of pregnancy.