

(1) PLACE OF BIRTH

County of BambergTownship of Beyers Bridgeor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58640

Registration District No. 40Registered No. 68
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Katherine Paula Viallet If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>7</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 17</u> 19 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>J. Ham Kirkland</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>Blair, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(12) BIRTHPLACE <u>Bamberg Co</u>
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>7</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Jane Tony</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>
(15) PRESENT POSTOFFICE OF MOTHER <u>Blair, S.C.</u>	
(16) COLOR OR RACE <u>white</u>	(18) BIRTHPLACE <u>Edgefield Co</u>
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M.
on the date above stated. (Born alive ~~born~~) (Hour A. M. or P. M.)(23) (Signature) H. Manning Abraham

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

PhysicianBlair, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 6/12 1916(28) H. J. Herndon 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.

fifth month of pregnancy.

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N.B.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCauley, 27 Columbia