

(1) PLACE OF BIRTH

County of FlorenceTownship of FLORENCE, S. C.

or

Inc. Town of —

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

File No.—For State Registrar Only

42818

Registration District No. 2081Registered No. 110

(For use of Local Registrar)

(2) Full Name of Child Marion Kirby

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? None (5) Number in order of birth 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 29 (Name of Month) (Day) (Year) 1915

FATHER.

(8) FULL NAME James Kirby(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE (Col) (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Florence County(13) OCCUPATION R.R. yard hand(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Bess Roberts(15) PRESENT POSTOFFICE OF MOTHER Florence(16) COLOR OR RACE Nyel (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Florence Co.(19) OCCUPATION (House keeper)(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 11-30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. M. H. Gary

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

Given name added from a supplemental report

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Registrar

(26) Witness E. B. Sparks

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

(27) Filed Dec 30 1915 (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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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.