

(1) PLACE OF BIRTH

County of Dillon

Township of

or
Inc. Town of Dillon

or

(City of

(No. St.; Ward)
(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. 16-A

File No.—For State Registrar Only

3626

Registered No. 16
(For use of Local Registrar)(2) Full Name of Child Jesse Kirby

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

(3) BOY OR GIRL <u>Boy</u>	(4) Type or Weight <u>-</u>	(5) Number in order of birth <u>1</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>Feb. 25, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Duncan Kirby

(9) PRESENT POSTOFFICE OF FATHER Dillon

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Mullins, S.C.

(13) OCCUPATION Carpenter

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Leona Herring

(15) PRESENT POSTOFFICE OF MOTHER Dillon

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Dillon, S.C.

(19) OCCUPATION House work

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive 2 A. M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(22) (Signature) S.C. Heusler, M.D.
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Dillon, S.C.

Given name added from a supplemental report

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

Feb. 26, 1923 B.P. Williams
Local Registrar.

When there was an attending physician, then the father, householder, etc., should make this return. If a child breathes even once, it should be reported as born. No report is desired of stillbirths.

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