

(1) PLACE OF BIRTH,

County of Union

Township of Union

or
Inc. Town of

or
City of Union

(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

92053

Registration District No. 42-A Registered No. 186

(For use of Local Registrar)

No. 1000 St.; Ward)

(2) Full Name of Child..... } If child is not yet named, make supplemental report as directed

(3) <input checked="" type="checkbox"/> BOY OR GIRL?	(4) <input checked="" type="checkbox"/> Twins or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 9</u> 19 <u>16</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME Broodius Kirby

(9) PRESENT POSTOFFICE OF FATHER Union SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Union Co SC

(13) OCCUPATION Barber

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Jolly

(15) PRESENT POSTOFFICE OF MOTHER Union SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Union Co SC

(19) OCCUPATION Domestic

(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 9 30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Stone

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

Physician | Union SC

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed Dec 15 1916. (28) J. G. Sarratt 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.

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