

Form No. 1

## (1) PLACE OF BIRTH

County of BambergTownship of 3 mile

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

58666

Registration District No. 404 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Mac M. Minley Kirkland

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH April 30 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Grant Kirkland(9) PRESENT POSTOFFICE OF FATHER Chorhardt S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Barnwell County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Bishop(15) PRESENT POSTOFFICE OF MOTHER Chorhardt S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Barnwell County(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Bish

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

midwife Barnwell S.C.

Given name added from a supplemental report

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

(27) Filed 6/3 1916 (28) G. J. Hendon 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.

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.  
 Mayor of Columbia