

(1) PLACE OF BIRTH

County of AndersonTownship of Andersonor
Inc. Town ofor
City of Anderson

(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

20803

Registration District No. 3A Registered No. 228
(For use of Local Registrar)(2) Full Name of Child Frank M. Kirby If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH July 4 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME John R. Kirby9) PRESENT POSTOFFICE OF FATHER Anderson SC10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 23
(Years)12) BIRTHPLACE Laurens SC13) OCCUPATION mechanic20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Era L. Heddie15) PRESENT POSTOFFICE OF MOTHER Anderson SC16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 20
(Years)18) BIRTHPLACE Jackson Co N.C.19) OCCUPATION domestic21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:45 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Miss A. Young M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 19 (28)
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.

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECHANICAL COLUMBIA, S. C.