

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 6.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnwell  
 Township of Barnwell  
 or  
 Inc. Town of Barnwell  
 or  
 City of .....

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 501 Registered No. 72  
 (For use of Local Registrar)

File No.—For State Registrar Only  
88440

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Reuby Cornelia Kerkland

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 5 1916  
 To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Reuben C. Kerkland  
 (9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52 (Years)  
 (12) BIRTHPLACE Bearfoot Co - S.C.  
 (13) OCCUPATION Physician  
 (20) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE Jane Moore  
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Callahan Co S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. C. Kerkland  
 (24) State whether Physician or Midwife (25) Address of Physician or 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) Filled Jan 9 1917 (28) R. C. Kerkland 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.