

(1) PLACE OF BIRTH Edgemoor  
 County of Edgemoor  
 Township of H. 2  
 Inc. Town of Edgemoor  
 or Edgemoor  
 City of Edgemoor  
 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  
**12746**

Registration District No. 3901 Registered No. 27  
 (For use of Local Registrar)

(2) Full Name of Child Lake 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3 5 22  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Lake J. Kirkland  
 (9) PRESENT POSTOFFICE OF FATHER Riden Springs, O.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)  
 (12) BIRTHPLACE Edgemoor Co., O.C.  
 (13) OCCUPATION Farmer

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Thessie Kirkland  
 (15) PRESENT POSTOFFICE OF MOTHER Riden Springs, O.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43 (Years)  
 (18) BIRTHPLACE Edgemoor Co., O.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 (21) I hereby certify that I attended the birth of this child, who was born alive at Edgemoor on the date above stated. (Hour A. M. or P. M.) 10 9  
 (23) (Signature) J. A. Kirkland  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Riden Springs

Given name added from a supplemental report 101  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filled May 9 1922 (28) J. V. Horroch 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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N. B. — In case of TWINS or TRIPLETS use a SUPPLEMENTAL CERTIFICATE for each child, and mark the FIRST-BORN, No. 1, with OTHER, No. 2, etc., in question 5.