

Form No. 1

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Laurens  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42904

Registration District No. 401Registered No. 107  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marian Jackson Kirkland If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 31 1927</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Chesler Fender Kirkland</u>			(14) NAME BEFORE MARRIAGE <u>Mary</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Yarnell. S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Yarnell. S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY .....			(17) AGE AT LAST BIRTHDAY .....	
(12) BIRTHPLACE <u>Ga.</u>			(18) BIRTHPLACE <u>Ga.</u>	
(13) OCCUPATION <u>Insurance Engineer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Kitty H. Poye(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Yarnell. S.C. R.F.D. #1

Given name added from a supplemental report

(26) Witness W. P. Ellis

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

(27) Filed 1.1.1928(28) W. P. Ellis 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.

W. P. Ellis

McGAW OF COLUMBIA, COLUMBIA, S. C.  
 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.