

PLACE OF BIRTH

County of Lynchburg
 City of Lynchburg
 Town of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

34010

Registration District No. 4107Registered No. 96
(For use of Local Registrar)

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

Full Name of Child Richard Kenneth Kirby If child is not yet named, make supplemental report as directed

SEX Male (1) Yes (2) No DATE OF BIRTH Oct 26 1923
 (Month of Month) (Day) (Year)

FATHER.

Full Name John Kelly KirbyPlace of Birth Lynchburg S. C.Color white (1) Age at last birthday 34
(Year)Place of Birth Gardis, S. C.Occupation RailroadingNumber of children born to father, including present birth 1

MOTHER.

(10) Name of Mother Fannie May Carter(11) Place of Birth of Mother Lynchburg S. C.(12) Color white (13) Age at last birthday 19
(Year)(14) Place of Birth Lamar, S. C.(15) Occupation school teacher(16) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was alive at 9 A. M.
 on the date above stated. (born alive or stillborn) (Hour, A. M. or P. M.)

(18) (Signature) [Signature]

(19) State whether Physician or Midwife

(20) Address of Physician or Midwife

Give name added from a supplemental report

(21) Witness

(Signature of Witness necessary only when question 21 is signed)

(22) Filed 10-2-1019 1923
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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