

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 5.

(1) PLACE OF BIRTH

County of Oconee  
Township of Jameca  
or  
Inc. Town of.....  
or  
City of.....

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

Registration District No. 310.7

File No.—For State Registrar Only

19600

Registered No. 9.1  
(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 Dencilla Virginia Kirby

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 7 (6) Are Parents Married? yes (7) DATE OF BIRTH June 7 1962  
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Richard Kirby  
9. PRESENT POSTOFFICE OF FATHER Jameca R.F.D  
10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
12. BIRTHPLACE Oconee  
13. OCCUPATION Farmer  
20. Number of children born to mother, including present birth 7

MOTHER.

14. NAME BEFORE MARRIAGE Callie Brady  
15. PRESENT POSTOFFICE OF MOTHER Jameca R.F.D  
16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)  
18. BIRTHPLACE Oconee  
19. OCCUPATION Wife  
21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. A. Whitting

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jameca S.C.

Given name added from a supplemental report

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

(27) Filed 7/10/62 19..... (28) R. A. Whitting 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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