

(1) PLACE OF BIRTH

County of Anderson  
Township of W. D. R.  
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

**32258**

Registration District No. 1052 Registered No. 85  
(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 Esley Kimbrell (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 Oct 14, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME W. Kimbrell  
(9) PRESENT POSTOFFICE OF FATHER W. D. R.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)  
(12) BIRTHPLACE W. D. R.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Louisa Horton  
(15) PRESENT POSTOFFICE OF MOTHER W. D. R.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Year)  
(18) BIRTHPLACE W. D. R.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) W. D. R. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 19 22 (28) W. D. R. 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.