

Form No. 1

(1) PLACE OF BIRTH

County of Conee
 Township of Center
 or
 Inc. Town of Richland
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

488-4768

Registration District No. 3504Registered No.
(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 Wilmer Kirk If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 21, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jerse Kirk

(9) PRESENT POSTOFFICE OF FATHER

Richland

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 28
(Year)

(12) BIRTHPLACE

Anderson Co.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lamora Earle

(15) PRESENT POSTOFFICE OF MOTHER

Richland

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 22
(Year)

(18) BIRTHPLACE

Richland

(19) OCCUPATION

X

(21) Number of children of this mother now living, including present birth

1 3

(20) Number of children born to mother, including present birth

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Richland

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.

FILED
 M.F.D.