

(1) PLACE OF BIRTH

County of AndersonTownship of 4or
Inc. Town of 4City of 1

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

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

File No.—for State Registrar Only
12735

 Registration District No. 3A Registered No. 156
 (For use of Local Registrar)
(2) Full Name of Child James Russell Kirby If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Male</u>	(4) Type of Twins To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are twins identical <u>yes</u>	(7) DATE OF BIRTH <u>Aug 8 1923</u> (Name of Month) (Day) (Year)
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FATHER.(8) FULL NAME J. E. Kirby(9) PRESENT POSTOFFICE OF FATHER Anderson, S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Year)(12) BIRTHPLACE Greenville, S. C.(13) OCCUPATION mill operator mechanic(14) Number of children born to mother, including present birth 4**MOTHER.**(15) NAME BEFORE MARRIAGE Lillie Vaughan(16) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 33 (Year)(19) BIRTHPLACE Anderson, S. C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**(22) I hereby certify that I attended the birth of this child, who was alive at 9 M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) J. J. [Signature]

(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 answered)

(27) Filed 19 (28) ANDERSON, S. C.

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.

a Supplementary report

Address 24 [Signature]Filed 19