

(1) PLACE OF BIRTH
 County of Anderson
 Township of Locust
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 4006 Registered No. 95-
 (For use of Local Registrar)
 St.; Ward
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Vera Louise Kirby
 (3) BOY OR GIRL? girl
 (4) Twin or Triplet?
 (5) Number in order of birth
 (6) Are Parents Married? yes
 (7) DATE OF BIRTH June 17 1906
 (Name of Month) (Day) (Year)
 FATHER.
 (8) FULL NAME Clarence E. Kirby
 (9) PRESENT POSTOFFICE OF FATHER Trough, S.C.
 (10) COLOR OR RACE White
 (11) AGE AT LAST BIRTHDAY 25
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Machinist
 (14) NAME BEFORE MARRIAGE Mattie M. Harrell
 (15) PRESENT POSTOFFICE OF MOTHER Trough, S.C.
 (16) COLOR OR RACE White
 (17) AGE AT LAST BIRTHDAY 20
 (Years)
 (18) BIRTHPLACE Tenn.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 2
 (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 alive at 12:30 A. M.,
 on the date above stated. (Boy or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Kirkpatrick
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Locust, S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
June 20 1906
 (27) June 20 1906 (28) M. N. Brown 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.