

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

# 1. PLACE OF BIRTH

County of Aiken  
Township of.....  
or  
Inc. Town of.....  
or  
City of Aiken

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

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-A

FILE No. For State Registrar Only

16 092848

00220

Registered No. ....

(For use of Local Registrar)

(No. 1611 Hampton St.; Ward)

# 2. FULL NAME OF CHILD

Angela Marie Kirby

If child is not yet named, make supplemental report as directed.

3. ~~Boy~~ or Girl ☐ If Plural birth ☐ 4. Twin, triplet, or other ☐ 5. Number, in order of birth 1 6. Premature ☐ Full term Yes 7. Are Parents Married? Yes 8. Date of birth Sept 27, 1940 (month, day, year)

FATHER  
9. Full name Leonard Kirby  
10. Residence (usual place of abode) Aiken S C  
(If non-resident, give place and State)

MOTHER  
18. Full maiden name Ida Davis  
19. Residence (usual place of abode) Aiken S C  
(If non-resident, give place and State)

11. Color or race C 12. Age at last birthday 21 (Years)

20. Color or race C 21. Age at last birthday 19 (Years)

13. Birthplace (city or place) Aiken S C  
(State or country)

22. Birthplace (city or place) Aiken S C  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

OCCUPATION  
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ---

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ---

16. Date (month and year) last engaged in this work Present, 19---

25. Date (month and year) last engaged in this work ---, 19---

17. Total time (years) spent in this work 5 26. Total time (years) spent in this work ---

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation --- months --- weeks 29. Cause of stillbirth --- Before labor --- During labor ---

Specify any physical deformities of child at birth. None

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. m. on the date above stated.

(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) A. B. Johnson, M.D.

or J. H. Johnson, Midwife

Address Aiken S C

Given name added from a supplemental report..... (Date of) .....

Filed Dec. 20, 1940 M. B. Woodward M. D.

Registrar.

Registrar.