

16 092848

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

2-A

FILE No. For State Registrar Only

00220

1. PLACE OF BIRTH

County of Aiken

Township of.....

or

Inc. Town of.....

or

City of Aiken

Registration District No. Registered No.

(For use of Local Registrar)

(No. 1611 Hampton 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 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.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Sept 27</u> , 19 <u>40</u> (month, day, year)
		5. Number, in order of birth.....	Full term <u>Yes</u>		

9. Full name <u>Lenard Kirby</u>		FATHER	18. Full maiden name <u>Ida Davis</u>		MOTHER
10. Residence (usual place of abode) <u>Aiken S C</u> (If non-resident, give place and State)			19. Residence (usual place of abode) <u>Aiken S C</u> (If non-resident, give place and State)		

11. Color or race <u>C</u>	12. Age at last birthday <u>21</u> (Years)	20. Color or race <u>C</u>	21. Age at last birthday <u>19</u> (Years)
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13. Birthplace (city or place) <u>Aiken SC</u> (State or country)	22. Birthplace (city or place) <u>Aiken SC</u> (State or country)
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Refrigerator</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.	
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. <u>Domestic</u>	
16. Date (month and year) last engaged in this work <u>Present</u> , 19.....	17. Total time (years) spent in this work <u>5</u>	25. Date (month and year) last engaged in this work	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 11:17 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, MidwifeAddress Aiken S CGiven name added from
(Date of)

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

Registrar.

Registrar.

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)