

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

18391

County of Richland

Township of Richland

Inc. Town of Richland

City of Richland

Registration District No. 1007

Registered No. 72

(For use of Local Registrar)

(No. 1007 St. 1007 Ward)

(2) Full Name of Child

Max M. K. K.

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

(3) Sex Male (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in event of Twin or Triplet

(6) Age Parents Married Yes (7) DATE OF BIRTH Oct. 2, 1927
Name of Month (Day) (Year)

FATHER

(8) Full Name Max M. K. K.

(9) Present Residence of Father Richland

(10) Color White (11) AGE AT LAST BIRTHDAY 33

(12) BIRTHPLACE Richland

(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Letitia K. K.

(15) PRESENT POSTOFFICE OF MOTHER Richland

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33

(18) BIRTHPLACE Richland

(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Richland, on the date above stated.

(22) (Signature) Letitia K. K. (23) Address of Physician or Midwife Richland

(24) State whether Physician or Midwife Midwife

Given name added (Form to supplement-
all births)

(25) Witness Letitia K. K. (Signature of Witness necessary only when question 23 is signed by mark)

Registrar

Filed June 22, 1927 (26) 18391 Local Registrar

When the attending physician or midwife, when the father, householder, etc., should make this return, it should be reported as such. No report is desired of stillborns before the fifth month of pregnancy.