

(1) PLACE OF BIRTH

County of Kershaw

Township of

or
Inc. TownCity of Candler

(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

No. for State Registrar only

32744

Registration District No. 77-ARegistered No. 88

(For use of Local Registrar)

(No. Hospital)

St. Ward)

(2) Full Name of Child

Kirby S. Tupper Jr.

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

(3) BOY OR GIRL <u>boy</u>	(4) Type of Birth To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Oct 6 1923</u>
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FATHER

(8) FULL NAME Kirby S. Tupper(9) PRESENT POSTOFFICE OF FATHER Stateburg SC(10) COLOR OR RACE W(11) AGED LAST BIRTHDAY 4 3 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth

MOTHER

(15) NAME BEFORE MARRIAGE Clara Custer(16) PRESENT POSTOFFICE OF MOTHER Stateburg SC(17) AGE AT LAST BIRTHDAY 22 (Year)(18) COLOR OR RACE W(19) BIRTHPLACE SC

(20) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Hour, M. or P. M.)(23) (Signature) How E. E. E.

(24) State whether Physician or Midwife

(25) Address of Physn. or Midwife

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by (mark))

(27) Filed Oct 10 1923 (28) R. H. Mason 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.

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