

(1) PLACE OF BIRTH

County of Georgetown
 Township of No. 5
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
42902

Registration District No. 2104 Registered No. 70
 (Per use of Local Registrar)

(2) Full Name of Child Isaac Kirch
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) SEX <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 20</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Isaac Kirch</u>			(14) NAME BEFORE MARRIAGE <u>David Sumner</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Labrum Springs</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Labrum Springs</u>	
(10) COLOR OR RACE <u>African</u>	(11) AGE AT LAST BIRTHDAY <u>2 1/2</u> (Years)	(16) COLOR OR RACE <u>African</u>		
(12) BIRTHPLACE <u>Georgetown</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(18) BIRTHPLACE <u>Georgetown</u>		
(13) OCCUPATION <u>Team Hand</u>			(19) OCCUPATION <u>Team Hand</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M.
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Isaac Kirch

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Labrum Springs SC

Given name added from a supplement-
 al report

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

(27) Filed Jan 1 1915 (28) G. L. Davis
 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.

MARGIN RESERVED FOR BINDING.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia