

(1) PLACE OF BIRTH

County of Flournoe  
Township of James & Road  
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

42852

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Halder Phos. Kirby

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? One

(5) Number in order of birth 2nd

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 11 1905

(Name of Month) (Day) (Year)

(8) FULL NAME Elias Kirby

(9) PRESENT POSTOFFICE OF FATHER Timmonsville SC

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE Flournoe Co.

(13) OCCUPATION Farmer

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

(14) NAME BEFORE MARRIAGE Anna A. Brown

(15) PRESENT POSTOFFICE OF MOTHER Timmonsville SC

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Flournoe Co.

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature) M. D. Floyd

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 12 1906

(28)

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.