(1) PLACE OF BIRTH

County of Chester

Township of Chester

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
17132

Registration District No. 1107 Registered No. 64
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Matildia Killian

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

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	August 6 [illegible]

FATHER.

(8) FULL NAME Geo. Killian

(9) PRESENT POSTOFFICE OF FATHER Chester SC

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Chester County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Olivia B. Wyrsaffner

(15) PRESENT POSTOFFICE OF MOTHER Chester County

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Chester County

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 6 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. G. Walls

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Chester S C

(Given name added from a supplemental report)

....., 191....

.....
Registrar

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

(27) Filed July 23 1913 (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.

*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.