

(1) PLACE OF BIRTH

County of

Darke

Township of

or

Inc. Town of

or

City of

(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

Registration District No. 14

File No.—For State Registrar Only

22066

Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child. Ralph A. Killian

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Auby C. Killian

(9) PRESENT POSTOFFICE OF FATHER

Kinn's Ford, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

Mice Operative

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

6

MOTHER.

(15) NAME BEFORE MARRIAGE

Mary Smith

(16) PRESENT POSTOFFICE OF MOTHER

Kinn's Ford, S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

32

(Years)

(19) BIRTHPLACE

North Carolina

(20) OCCUPATION

Housewife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated.

(23) (Signature)

Sam A. Killian

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Kinn's Ford, 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 28, 1912

(28)

N. H. Fayer 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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