

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Clinton  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30612

Registration District No. 23Registered No. 89  
(For use of Local Registrar)

## (2) Full Name of Child

Jahidha Kirby

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 8(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 16, 1920  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

C. H. Kirby

(9) PRESENT POSTOFFICE OF FATHER

Wau Sheng, S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 33  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

mill worker

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian Leeford

(15) PRESENT POSTOFFICE OF MOTHER

Wau Sheng, S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 37  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

W. J. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Wau Sheng, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

At1920Clinton  
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.