

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5139

County of San Diego

Township of

OF

Inc. Town of.....

City of _____

(If birth occurs in a hospital or

Registration District No..... Registered No.....

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Richard Earl Kirkland If child is not yet named, make supplemental report as directed

(2) **BOY OR GIRL** *Boy* (4) **Twins or Triplets?** (5) **Number in order of birth** (6) **Are Parents Married?** *y es* (7) **DATE OF BIRTH** *Feb. 1 1923*
(Name of Month) (Day) (Year)

<p>FATHER</p> <p>(10) FULL NAME <i>Walter Kirkland</i></p>		<p>MOTHER</p> <p>(14) NAME BEFORE MARRIAGE <i>Lena Sheehy</i></p>	
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(1) PRESENT POSTOFFICE OF FATHER *Deesville, S.C.* (18) PRESENT POSTOFFICE OF MOTHER *Deesville, S.C.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *34* (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *37*

(12) BIRTHPLACE	South Carolina	(13) BIRTHPLACE	South Carolina
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(12) OCCUPATION *Farmer*

20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was . . . Born alive . . . at . . . 2:00 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Brooks
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Feb 10 19 23 (28) R. C. Campbell

* 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.