

# (1) PLACE OF BIRTH

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County of Kershaw  
 Township of Oak Hall  
 or  
 Inc. Town of .....  
 City of Camden S.C.

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1880

Registration District No. 27-a Registered No. 6  
 (For use of Local Registrar)

(No. 312 Series St. 7 Ward)

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

(2) Full Name of Child Beatrice Kirkland 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 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 21, 1920  
 (Name of Month) (Day) (Year)

### FATHER.

(8) FULL NAME Freeman B. Kirkland

(9) PRESENT POSTOFFICE OF FATHER Camden S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Year)

(12) BIRTHPLACE Kershaw Co., S.C.

(13) OCCUPATION Electrician

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

### MOTHER.

(14) NAME BEFORE MARRIAGE Nannie E. Russell

(15) PRESENT POSTOFFICE OF MOTHER Camden, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Year)

(18) BIRTHPLACE Kershaw Co., S.C.

(19) OCCUPATION Domestic

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

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. C. Russell (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Camden, S.C.

Given name added from a supplemental report

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

(27) Filed Jan 23 1920 (28) J. C. Russell 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.

STATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.