

MARGIN RESERVED FOR BENDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>28906</b>	
County of <u>Bamberg</u>		Registration District No. <u>H. 3</u>		Registered No. <u>31</u> (For use of Local Registrar)	
Township of <u>Midway</u>		(No. .... St.; .... Ward)			
City of .....		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Mabelle Kirkland</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 30 22</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>J. plan Kirkland</u>			(14) NAME BEFORE MARRIAGE <u>Sara Jane Jenkins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bamberg, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bamberg, S. C.</u>		
(10) COLOR OR RACE <u>Col</u>			(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)		
(12) BIRTHPLACE <u>Bamberg Co., S. C.</u>			(18) BIRTHPLACE <u>Bamberg Co., S. C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Jennie Bente</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Bamberg, S. C.</u>					
Given name added from a supplemental report			(26) Witness .....		
....., 19 .....			(27) Filed <u>9-19-22</u>		
Registrar			(28) <u>Herbert Falk</u> 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.