

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Reaves

Inc. Town of

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

File No. - For State Registrar Only

7809

Registration District No. 3705Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child

Emerson Kilchris

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

(3) SEX <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) AGE <u>1</u>	(7) DATE OF BIRTH <u>Jan. 12, 1923</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Joe Kilchris(9) PRESENT POSTOFFICE OF FATHER Mullins(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE Marion(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Martha Greene(15) PRESENT POSTOFFICE OF MOTHER Mullins(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36 (Year)(18) BIRTHPLACE Marion(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour) (A. M. or P. M.)(22) (Signature) Mary X Jane Kilchris(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Mullins

Given name added from a supplemental report

(25) Witness Wm. Schuffler
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Jan. 20, 1923 (27) Wm. Schuffler Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.