

(1) PLACE OF BIRTH

County of AlconeeTownship of Reevesor
Inc. Town ofor
City of(No. St.; Ward)
(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

74095

Registration District No. Registered No. 84

(For use of Local Registrar)

(2) Full Name of Child Nellie Kirkindol { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 13, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mack Kirkindol(9) PRESENT POSTOFFICE OF FATHER Salem(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Alconee Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Golden(15) PRESENT POSTOFFICE OF MOTHER Salem(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE So.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. M. Wilson(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Salem

Given name added from a supplemental report.

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 8, 1916 (28) S. W. Smith 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.