

(1) PLACE OF BIRTH

County of Florence  
Township of East  
or  
Inc. Town of.....  
or  
City of..... (No. .... St.; ..... Ward)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**89850**

Registration District No. 2009 Registered No. 140  
(For use of Local Registrar)

(2) Full Name of Child Ella Mae Virginia Kirby (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 DATE OF BIRTH Dec 19 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Bryan Kirby  
(9) PRESENT POSTOFFICE OF FATHER Scranton S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Mosell Allen  
(15) PRESENT POSTOFFICE OF MOTHER Scranton S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Graham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Scranton S.C.

Given name added from a supplemental report

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

(27) Filed 12/24/16 (28) J. P. Lee 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.

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REG. OF COLUMBIA, COLUMBIA, S. C. N. H.—In case of TWINS OR TRIPLETS, PRINT IN FULL THE NAMES OF EACH CHILD, AND MAKE THE NECESSARY CHANGES IN THE BLANKS FOR EACH CHILD, AS DIRECTED IN QUESTION 6. IN CASE OF TWINS OR TRIPLETS, PRINT IN FULL THE NAME OF EACH CHILD, AND MAKE THE NECESSARY CHANGES IN THE BLANKS FOR EACH CHILD, AS DIRECTED IN QUESTION 6.