FORM NO. 1.

(1) PLACE OF BIRTH

County of Bamberg

Township of Thru Hills

or

Inc. Town of ..... Registration District No. 404 Registered No. 148

or (For use of Local Registrar)

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. 84371 — For State Registrar Only

(2) Full Name of Child Kirkland Kemp { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		2	No	Nov. 15, 1916

FATHER.

(8) FULL NAME Benjamin Kirkland

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

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Kimp

(15) PRESENT POSTOFFICE OF MOTHER Olar S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farm Laborer

(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 (Born alive or stillborn) at 9 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah Moyer

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Olar. S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Nov. 21 1916 (28) G. J. Herndon 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.

WHEN TRACING, WITH UNFADING INK—THIS IS A SHEPARD'S BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

N. B.—In case of TWINS OR TRIPLETS use a SHEPARD'S BLANK for each child, and mark the

McGuey, of Columbia.