

MARGIN RESERVED FOR BINDING.  
WHITE 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

County of Richland

Township of .....

or

Inc. Town of .....

or

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

19998

Registration District No. 38

Registered No. 1500  
(For use of Local Registrar)

(2) Full Name of Child

Vannie Y. Kellner

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

(3) BOY OR GIRL?

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?

Yes

(7) DATE OF

BIRTH 6.29.28  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Vannie Y. Kellner

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 28  
(Years)

(12) BIRTHPLACE

Lancaster, S.C.

(13) OCCUPATION

Day labor

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Osborn

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 26  
(Years)

(18) BIRTHPLACE

Greenville, 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 ..... at 12.30 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Lucinda Floyd

(24) State Whether Physician or Midwife

(25) Address of Physician or Midwife

1326 Bladenburg

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7-4

C. C. C. C.

19  
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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