

WRITE PLAINLY, WITH LEADING 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 Oconee
 Township of Center
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
11432

Registration District No. 3500 Registered No. 20
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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
 To be answered only in case of Twin or Triplet

(6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 24 1923
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James H. Kellum

(14) NAME BEFORE MARRIAGE Caroline Newell

(9) PRESENT POSTOFFICE OF FATHER Meiriville, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Meiriville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. C. W. Hayes
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Apr 18 1923 (28) R. P. Walter
 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.