

(1) PLACE OF BIRTH

County of HershappTownship of DeKalbInc. Town of DecaturCity of Decatur

(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

1.656

Registration District No. 27-9Registered No. 2

(For use of Local Registrar)

(No. 1801 Campbell)St. G Ward(2) Full Name of Child. William Kelly

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

(3) POT OF

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jun. 2, 1927

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Doby Kelly(9) PRESENT POSTOFFICE OF FATHER Decatur(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Decatur(13) OCCUPATION Hotel Worker(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie May Reynolds(15) PRESENT POSTOFFICE OF MOTHER Decatur(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Decatur(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 9:30 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. Doby Kelly(24) State of Physician or Midwife (25) Address of Physician or Midwife Decatur

Given name added from a supplemental report

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

(27) Filed Jun 10 1927 (28) Wm. Doby Kelly 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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