

(1) PLACE OF BIRTH

County of LeeTownship of Turkey Creekor
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leanna Kelley

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

(3) BOY OR GIRL? Y

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth one(6) Are Parents Married? yes

(7) DATE OF BIRTH

Dec 18 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

David Kelley

(9) PRESENT POSTOFFICE OF FATHER

Lucknow S.C.

(10) COLOR OR RACE

Cal(11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE

Lee Co S.C.

(13) OCCUPATION

Farming

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

five

MOTHER.

(14) NAME BEFORE MARRIAGE

Leanna Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Lucknow S.C.

(16) COLOR OR RACE

Cal(17) AGE AT LAST BIRTHDAY 43
(Years)

(18) BIRTHPLACE

Terchaw Co S.C.

(19) OCCUPATION

Domestic

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

five

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) Leviana Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 3 19 23

(28)

J. O. Rodgers
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.