

(1) PLACE OF BIRTH

County of Spartanburg
 or Broad Okechar
 Inc. Town of Cenore

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16735

Registration District No. 4073 Registered No. 44
 (For use of Local Registrar)

City of St.; Ward)
 or (No. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

BOY OR GIRL Boy 4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 12 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt. Milton Kellet
 (9) PRESENT POSTOFFICE OF FATHER Cenore S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Spartanburg Co.
 (13) OCCUPATION Fireman & Plumber
 (14) Number of children born to father, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hellic Bell Golden
 (15) PRESENT POSTOFFICE OF MOTHER Cenore S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Spartanburg Co.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 5

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) C. D. Hanna

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Cenore S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 12 1922(28) C. D. Hanna

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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