

## (1) PLACE OF BIRTH

County of Barnburg  
 Township of Buford Bridge  
 or  
 Inc. Town of Olase  
 or  
 City of Se

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

File No.—For State Registrar Only

13706

Registration District No. 4-0-1Registered No. 51  
(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 Maggie Kelley

(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 Twin or Triplet

(5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes(7) DATE OF BIRTH May 4, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Kelley(9) PRESENT POSTOFFICE OF FATHER Olase SC(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 41  
(Year)(12) BIRTHPLACE SC(13) OCCUPATION farming(20) Number of children born to mother, including present birth 15

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Odom(15) PRESENT POSTOFFICE OF MOTHER Olase(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 38  
(Year)(18) BIRTHPLACE SC(19) OCCUPATION farm labourer(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Lucy Anna Odom

(24) State whether Physician or Midwife \_\_\_\_\_

(25) Address of Physician or Midwife Olase

Given name added from a supplemental report

(26) Witness \_\_\_\_\_

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

Registrar

(27) May 8, 1922 (28) J. E. Bennett 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.