

(1) PLACE OF BIRTH

County of Calleton S.C.Township of Bullaor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

14435

Registration District No. 1401 Registered No. 32
(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 Ruth Kelly If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Kelly(9) PRESENT POSTOFFICE OF FATHER Camden S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Calleton S.C.(13) OCCUPATION Harmon(14) NAME BEFORE MARRIAGE William Quincy(15) PRESENT POSTOFFICE OF MOTHER Camden S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Calleton S.C.(19) OCCUPATION Harmon(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive and well on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Hall (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Camden 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 22, 1922 (28) S. V. Ireland 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.