

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH,

County of Lexington

Township of Hickory Hill

or
Inc. Town of

or
City of

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

Registration District No. 31.67

File No.—For State Registrar Only
43526

Registered No. 109
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 22, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Star Kelly

(14) NAME BEFORE MARRIAGE Ethel Brown

(9) PRESENT POSTOFFICE OF FATHER Hickory Hill, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Hickory Hill, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16
(Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. R. Smith, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hickory Hill, 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 19 (28) 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.

312042 Registrar (29) Filed 19 (30) Local Registrar
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