

(1) PLACE OF BIRTH

County of CalhounTownship of Imediaor
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

29113

Registration District No. 900 Registered No. 122
(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 Nellie Kate If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? no (7) DATE OF BIRTH Sept 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Priny Keatt(9) PRESENT POSTOFFICE OF FATHER Fort Mott S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19
(Years)(12) BIRTHPLACE Calhoun Co(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 1 one

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Kate(15) PRESENT POSTOFFICE OF MOTHER Fort Mott S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 14
(Years)(18) BIRTHPLACE Calhoun Co(19) OCCUPATION School girl(21) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Sept 21 at 9 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annie K. Dwyer(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fort Mott S.C.

Given name added from a supplemental report

(26) Witness J. A. Woodley M.D.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 4 1922 (28) A. R. Able
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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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 5.

MEDICAL COLUMBIA S. C.

N. B.

MEDICAL