

## PLACE OF BIRTH

County of Anderson  
 Municipality of Williamston  
 or Town of Peter St.  
 or (No. .... St. .... Ward)

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

File No.—For State Registrar Only

9214

Registration District No. 32Registered No. 46  
(For use of Local Registrar)

City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child William H. Kelly (If child is not yet named, make supplemental report as directed)

(2) SEX OR GENDER girl (3) Date of Birth Feb 15 23  
 (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) BIRTH (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John J. Kelly  
 (9) PRESENT POSTOFFICE OF FATHER Peter St.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3 ✓  
 (12) BIRTHPLACE St.  
 (13) OCCUPATION Mill work  
 (14) Number of children born to mother, including present birth 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Blanche Burgin  
 (15) PRESENT POSTOFFICE OF MOTHER Peter St.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
 (18) BIRTHPLACE St.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 6 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. W.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Peter St.

Given name added from a supplemental report

(25) Witness

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

(26) Filed July 7 1923

(27) 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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