

## PLACE OF BIRTH

County of OconeeTownship of Center

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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 3570Registered No. 16  
(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.)

(1) Full Name of Child Unnamed Baby

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

(2) SEX OF CHILD Girl (3) Twin or Triplet 8 (4) Are Parents Married Yes (5) DATE OF BIRTH Jan. 21, 1923  
(Month) (Day) (Year)

FATHER.

(6) FULL NAME OF FATHER Wade Hampton Kelley(7) PRESENT POSTOFFICE OF FATHER Hestonminster, N. S.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 37 (Year)(10) BIRTHPLACE S.C.(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 8

MOTHER.

(13) NAME BEFORE MARRIAGE Hettie Irene Skynner(14) PRESENT POSTOFFICE OF MOTHER Hestonminster, N. S.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 39 (Year)(17) BIRTHPLACE S.C.(18) OCCUPATION House Wife(19) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was Alive at 3:15 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) W. C. Shufeldand, M.D.(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Hestonminster

(24) Give name added from a supplemental report

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

(26) Filed May 1, 1923 (27) Local Registrar H. P. Martin

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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