

## (1) PLACE OF BIRTH

County of McMinn  
 Township of James Creek  
 or  
 Inc. Town of .....  
 or  
 City of Alton

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17621

Registration District No. 517Registered No. 12  
(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 Kelby Mae Turnell

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

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 1, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Core Turnell9) PRESENT POSTOFFICE OF FATHER Alton SC10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30  
(Years)12) BIRTHPLACE Laurens Co, SC13) OCCUPATION mining

## MOTHER.

(14) NAME BEFORE MARRIAGE Myra McKelvey(15) PRESENT POSTOFFICE OF MOTHER Alton SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Phenice Co, SC(19) OCCUPATION House wife20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was...  
on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Hartz

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Alton SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10

(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.

Registrar

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