

SON OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

21133

County of Greenville

Township of

Inc. Town of Piedmont

City of

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

Registration District No. 229

Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child

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

(1) SEX OR <u>MALE</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 11 1921</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. E. Kelley</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Westfield</u>	
(9) PR. RES. POSTOFFICE OF FATHER <u>Piedmont S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont S.C.</u>	
(10) COLOR OR RACE <u>Cul</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Cul</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Labr</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 M., on the date above stated. (Born alive or stillborn) (Hour & P. M.)

(23) (Signature) J. W. Campbell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Piedmont 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 July 11 1921 (28) J. L. Reel 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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