

(1) PLACE OF BIRTH

County of RichlandTownship of Blythewoodor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2390

Registration District No. 3800 Registered No. 13
(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. Johnnie May Kelley 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 Jan. 23, 22
(Sign of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Kelley(9) PRESENT POSTOFFICE OF FATHER Blythewood S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Richland Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Pinkney(15) PRESENT POSTOFFICE OF MOTHER Blythewood(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Richland Co(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 42 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Nancy Rose(23) State whether Physician or Midwife (24) Address of Physician or Midwife Blythewood S.C.

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(26) filed Jan 31, 1922 (27) W. M. Lean 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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