

MARGIN RESERVED FOR BINDING. WITH LEADING ENK—THIS IS A PERMANENT RECORD. WRITE PLAINLY. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN No. 1 THE OTHER No. 2 etc. in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Bartholomew</u>		STATE OF SOUTH CAROLINA		15489	
Township of <u>Leesville</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Leesville</u>		State Board of Health			
City of <u>Leesville</u>		Registration District No. <u>2104</u>		Registered No. ....	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>George L. Kelly</u>				If child is not yet named, make supplemental report as directed	
3. BOY OR GIRL? <u>Boy</u>	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married?	7. DATE OF BIRTH <u>May 6, 1922</u>	
To be answered only in event of Twins or Triplets				(Name of Month (Day) (Year))	
FATHER.			MOTHER.		
8. FULL NAME <u>Herbert Kelly</u>			14. NAME BEFORE MARRIAGE <u>Bettie Kelly</u>		
9. PRESENT POSTOFFICE OF FATHER			15. PRESENT POSTOFFICE OF MOTHER <u>Miss Kelly</u>		
10. COLOR OR RACE <u>white</u>			16. COLOR OR RACE		
11. AGE AT LAST BIRTHDAY <u>24</u>			17. AGE AT LAST BIRTHDAY <u>26</u>		
12. BIRTHPLACE			18. BIRTHPLACE <u>Germany</u>		
13. OCCUPATION <u>Working</u>			19. OCCUPATION		
20. Number of children born to mother, including present birth <u>14</u>			21. Number of children of this mother now living, including present birth <u>14</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was ... <u>dead</u> ... at ... <u>at</u> ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Harry F. ...</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Midwife Lauretta H. ...</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 ... Registrar			(27) Filed <u>May 31, 1922</u> (28) <u>Miss M. H. Yungley</u> 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.					

MOBAY OF COLUMBIA, COLUMBIA S. C.