

Form No. 1

(1) PLACE OF BIRTH

County of *Orangeburg*
Township of *Willow*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
20720

Registration District No. *3617*

Registered No. *49*
(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 *not named*

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twin or Triplet

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *Sept 29*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *J. D. Kelto*

(9) PRESENT POSTOFFICE OF FATHER *Norway, S.C.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *50*
(Year)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farming*

(14) Number of children born to mother, including present birth *11*

MOTHER.
(14) NAME BEFORE MARRIAGE *Idella Battigear*

(15) PRESENT POSTOFFICE OF MOTHER *Norway, S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *43*
(Year)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth *10*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *10 P.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Bena Thomas*

(24) ~~Signature of Physician or Midwife~~ (25) Address of Physician or Midwife *Norway, 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 *Oct 8 23* (28) *J. A. Price* 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.