

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. 1a.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">18953</div>	
County of <u>Richland</u>		Registration District No. <u>3800</u>		Registered No. <u>68</u>	
Township of <u>Blytheville</u>		(For use of Local Registrar)			
Inc. Town of .....		(No. .... St.; .... Ward)			
City of .....		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
<b>(2) Full Name of Child</b> <u>Margeline Kelly</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>girl</u>	(7) DATE OF BIRTH <u>June 12, 23</u> (Month of birth) (Day) (Year)	
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>Eugene Bristol Kelly</u>			(14) NAME BEFORE MARRIAGE <u>Julia Bailey</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Blytheville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blytheville</u>		
(10) COLOR OR RACE <u>col</u>			(16) COLOR OR RACE <u>col</u>		
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>Blytheville</u>			(18) BIRTHPLACE <u>Manning S C</u>		
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>parson help</u>		
(20) Number of children born to mother, including present birth <u>five</u>			(21) Number of children of this mother now living, including present birth <u>five</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 P.</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Heasler</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Blytheville</u>					
Given name added from a supplemental report ..... ..... .....			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Date <u>June 17, 23</u> (28) <u>W. A. McLean</u> Registrar 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.