

(1) PLACE OF BIRTH *France*  
County of *York*  
Township of *Millan*  
OF  
Inc. Town of  
OF  
City of

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**10484**

Registration District No. *2011* Registered No. ....  
(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 *James Kelly* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) Twin or Triplet *To be answered only in case of Twins or Triplets* (5) Number in order of birth *1st* (6) Are Parents Married *married* (7) DATE OF BIRTH *Feb 23*  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME *Fred Kelly*  
(9) PRESENT POSTOFFICE OF FATHER *Florence S.C.*  
(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *35*  
(12) BIRTHPLACE *S.C.*  
(13) OCCUPATION *farming*

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Jose Phine Smalls*  
(15) PRESENT POSTOFFICE OF MOTHER *Florence S.C.*  
(16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *31*  
(18) BIRTHPLACE *S.C.*  
(19) OCCUPATION *farming*

(20) Number of children born to mother, including present birth *7* (21) Number of children of this mother now living, including present birth *7*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 P.M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Charlotte Canor* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed *19* (28) *W. H. Howell* 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.