

(1) PLACE OF BIRTH

County of Anderson
 Township of Honea Path

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2826

or
 Inc. Town of Registration District No. 39.7 Registered No. 2,35
 or
 City of (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

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

(1) BOY OR GIRL Girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 2-6-23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Calvin Columbus Kelly(9) PRESENT POSTOFFICE OF FATHER Honea Path S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46
 (Years)(12) BIRTHPLACE Greenville Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Lee Mays(15) PRESENT POSTOFFICE OF MOTHER Honea Path S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42
 (Years)(18) BIRTHPLACE Greenville Co.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 1:15 A.M.,
 (on the date above stated.) (Born alive or stillborn), (Hour A. M. or P. M.)

(23) (Signature) Jns. W. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Honea Path S.C.

Given name added from a supplement-
 al report

(26) Witness
 (Signature of Witness necessary only
 when question 25 is signed by mark)

(27) Filed Feb 8 1923 (28) Jms. W. Williams
 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.