

(1) PLACE OF BIRTH

County of Oconee
 Township of Danville
 or
 Inc. Town of Danville
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

4710

Registration District No. 3073Registered No.
(For use of Local Registrar)

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

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth <u>1</u>	(4) Sex <u>Male</u>	(5) DATE OF BIRTH <u>Jan 1 1903</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>S. H. Kelly</u>			(10) NAME BEFORE MARRIAGE <u>Lertense Grant</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Danville S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Danville</u>	
(8) COLOR OR RACE <u>white</u>			(12) COLOR OR RACE <u>white</u>	
(9) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(13) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(14) BIRTHPLACE <u>Oconee</u>			(16) BIRTHPLACE <u>Oconee</u>	
(15) OCCUPATION <u>Merchant</u>			(17) OCCUPATION <u>wife</u>	
(18) Number of children born to mother, including present birth <u>1</u>			(19) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at J. A. M. on the date above stated. (Sex of child) (Hour, M. or P. M.)

(21) (Signature) J. A. M.

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Danville S.C.

Given name added from a supplemental report

(24) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(25) Filed 7/10/03

(26) Local Registrar

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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.

1. In the 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 1.

2. In the 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 1.