

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
 Township of 44
 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
42533

Registration District No. 2103 Registered No. 162
 (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 Samuel Kelley Jr. If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Male 4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 96 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 3, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Samuel Kelley Sr.
 9) PRESENT POSTOFFICE OF FATHER Georgetown S.C. RI
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 44
 (12) BIRTHPLACE Savannah Ga
 (13) OCCUPATION Labor in log work A.C.L. Co.
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Majet
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C. RI
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE Georgetown Conf S.C.
 (19) OCCUPATION Farmhand
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Hager Singleton Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown S.C. RI

Given name added from a supplemental report

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

(27) Filed Jan 12, 1923 (28) K.W. Bailey 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.