

(1) PLACE OF BIRTH

County of Florence
 Township of M. S. William
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

13050

Registration District No. 2A.11 Registered No. 26
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Luther Kelly

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

(1) SEX OR AGE boy (2) Type of Twin (3) Number in order of birth (4) Sex of Mother yes (5) DATE OF BIRTH Feb. 14 (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

FATHER.

(1) FULL NAME H. K. Kelly(2) PRESENT RESIDENCE OF FATHER Claussen & C(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24(12) BIRTHPLACE SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

MOTHER.

(10) NAME BEFORE MARRIAGE Bessie Cooper(10) PRESENT RESIDENCE OF MOTHER Claussen(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 18(12) BIRTHPLACE SC(13) OCCUPATION Housewife(14) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Cannon
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Claussen & C

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed (28) W. H. Worrell

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired or necessary before the fifth month of pregnancy.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN 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.
 RETURN TO GOVERNMENT, Columbia, S. C.