

(1) PLACE OF BIRTH

County of

Greenville

Township of

Fairview

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

-File No.-For State Registrar Only

4350

Registration District No. Registered No.
(For use of Local Registrar)City of 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. Not Named If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or triplet? ✓(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 16, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Young Kellett

(9) PRESENT POSTOFFICE OF FATHER

FA

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 20
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lottie Cantor

(15) PRESENT POSTOFFICE OF MOTHER

FA

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Farmer(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. A. Cantor

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

PhysicianFA

Given name added from a supplemental report

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

(27) Filed (28) 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.