

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

(1) PLACE OF BIRTH

County of Forrester
Township of North
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
22178

Registration District No. 2013 Registered No. 115
(For use of Local Registrar)

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

(2) Full Name of Child Hilda Kelley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH June 5, 1922
(Name) (Month) (Day) (Year)

FATHER
(8) FULL NAME Wes. Sheds Kelley
(9) PRESENT POSTOFFICE OF FATHER Waverly, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Forrester Co.
(13) OCCUPATION Banker
(20) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Bondie Clark
(15) PRESENT POSTOFFICE OF MOTHER Waverly, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Sebrington Co.
(19) OCCUPATION Domestic
(21) 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 White at 3:35 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Kelley, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Waverly, S.C.

Given name added from a supplemental report
.....
..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 6/10 19 22 (28) J. S. Kelley 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.