

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 1.

DEPARTMENT OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lawrence
Township of Ree Dee
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

No. 28363 For this Register Only

Registration District No. 2013 Registered No. 21
(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 Hadzelit Kelly If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 11, 1923
(Name of Month) (Day) (Year)

| FATHER. | | | MOTHER. | | |
|--|---|--|---|-------------------------------------|--|
| (8) FULL NAME <u>Hadzelit Kelly</u> | (14) NAME BEFORE MARRIAGE <u>Posa Bell Simons</u> | | (14) NAME BEFORE MARRIAGE <u>Posa Bell Simons</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Pamplico</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Pamplico</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Pamplico</u> | | |
| (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>21</u> | | (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>21</u> | |
| (12) BIRTHPLACE <u>Lawrence, C. S.</u> | (13) OCCUPATION <u>Farming</u> | | (12) BIRTHPLACE <u>Lawrence</u> | (13) OCCUPATION <u>House work</u> | |
| (20) Number of children born to mother, including present birth <u>1 One</u> | | | (21) Number of children of this mother now living, including present birth <u>1 One</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Midwife Manda Myers (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pamplico, S. C.

Given name added from a supplemental report

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

(27) Filed Sept 23, 1923 (28) W. H. Bolton
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.