

## 1. PLACE OF BIRTH

County of Prehens

Township of .....

or

Inc. Town of .....

or

City of Sasky SC

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 37-A Registered No. 57

(For use of Local Registrar)

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

2. FULL NAME OF CHILD James Earl Kelly (If born occurs in a hospital or other institution, give name of same instead of street and number) { If child is not yet named, make supplemental report as directed.3. Boy or Girl Boy If Plural births \_\_\_\_\_ 4. Twin, triplet, or other no 5. Number, in order of birth 1st 6. Premature no Full term yes 7. Legitimate? yes 8. Date of birth Dec 16, 1922 (Month, day, year)9. Full name Mr. W. H. Master Kelly FATHER 18. Full maiden name Myrtle Kate Straker MOTHER10. Residence (usual place of abode) Sasky SC (If nonresident, give place and State) 19. Residence (usual place of abode) Sasky SC (If nonresident, give place and State)11. Color or race White 12. Age at last birthday 25 (Years) 20. Color or race White 21. Age at last birthday 50 (Years)13. Birthplace (city or place) SC (State or country) 22. Birthplace (city or place) SC (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Textile 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife16. Date (month and year) last engaged in this work Dec 16, 1922 17. Total time (years) spent in this work 3 Yr. 25. Date (month and year) last engaged in this work Dec 16, 1922 26. Total time (years) spent in this work 1 Yr27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 028. If stillborn, period of gestation no { months \_\_\_\_\_ weeks \_\_\_\_\_ } 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alex at 1 A m. on the date above stated (Born alive or stillborn){ When there was no attending physician or midwife, then the father, householder, etc., should make this return. } (Signed) Wm. J. Gorman, M. D.

Given name added from \_\_\_\_\_, Midwife

a supplemental report \_\_\_\_\_ Address Sasky SC\_\_\_\_\_  
(Date of) \_\_\_\_\_ Filed June 17, 1931 \_\_\_\_\_ Registrar.

Registrar.

Registrar.