

(1) PLACE OF BIRTH

County of *Williamsburg*Township of *Top*

or Inc. Town of

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

37940

Registration District No. *4501* Registered No. *136*
(For use of Local Registrar)(2) Full Name of Child *Leaver Kels* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Boy* (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Nov 8 23*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Magie Kels*
(9) PRESENT POSTOFFICE OF FATHER *Geelyville S.C.*
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *32* (Year)
(12) BIRTHPLACE *S.C.*
(13) OCCUPATION *Farmer*
(14) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mollie Kellman*
(15) PRESENT POSTOFFICE OF MOTHER *Geelyville S.C.*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *21* (Year)
(18) BIRTHPLACE *S.C.*
(19) OCCUPATION *Housewife*
(20) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *born alive* at *9:10 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) *Sarah Kels* (25) State whether Physician or Midwife (26) Address of Physician or Midwife *Geelyville S.C.*

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(28) Filed *11/16 23* (29) *J. D. Dand* 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.