

(1) PLACE OF BIRTH

County of Richland
 Township of Calhoun
 or
 Inc. Town of Calhoun
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5088

Registration District No. 382Registered No. 54
(For use of Local Registrar)

(No. 7201 21 (EP)) 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 A. S. Kels

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month of Month) (Day) (Year)
				<u>7/1</u> <u>1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>A. S. Kels</u>			(14) NAME BEFORE MARRIAGE <u>?</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Calhoun S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun S. C.</u>	
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Home S. C.</u>		(18) BIRTHPLACE <u>Florence</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House wife</u>		
20) Number of children born to mother, including present birth <u>2</u>		21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 23 P. M.,
 on the date above stated. (Born alive or stillborn (Hour, N. or P. M.))

(23) (Signature) Geo. K. Nelson 23 10
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 1207 Calhoun St.

Given name added from a supplemental report

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

(27) Filed Mar 17 1923 (28) C. J. Sloman 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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

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