

(1) PLACE OF BIRTH

County of RichlandTownship of 23Inc. Town of Blythewood

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 18960Registration District No. 3801 Registered No. 74
(For use of Local Registrar)(No. 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 Mord Kelly If child is not yet named, make supplemental report as directed(3) SEX OR Boy (4) Type M (5) Number in yes (6) DATE OF June 17, 1923
CHILD or TRIPLE To be answered only in case of Twin or Triple BIRTH (If born living) (If stillborn)

FATHER.		MOTHER.	
(14) FULL NAME <u>John Mord Kelly</u>	(14) NAME BEFORE MARRIAGE <u>Jessie Bell Durham</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Blythewood S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blythewood S.C.</u>
(16) COLOR OR RACE <u>Colard</u>	(16) COLOR OR RACE <u>Colard</u>	(17) AGE AT LAST BIRTHDAY <u>31</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>
(18) BIRTHPLACE <u>Blythewood S.C.</u>	(18) BIRTHPLACE <u>Richland</u>	(19) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>Four</u>	(20) Number of children of this mother now living, including present birth <u>Four</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Cloud (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blythewood S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed June 24, 1923 (28) L. R. M. Cloud 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.