

## PLACE OF BIRTH

City of Richland  
 County of Richland  
 State of South Carolina  
 Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 37483  
 (For use of Local Registrar)

Registration District No. 3804 Registered No. 37483  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Ward .....

Full Name of Child Joseph William Keley If child is not yet named, make supplemental report as directed

Sex Boy (a) Type or Variety Boy (b) Number in order of birth 1 (c) Age (years) Yes (d) DATE OF BIRTH Sept 23  
 To be reported only in case of Twin or Triplet (Year) 19 (Month) 9 (Day) 23

## FATHER.

Jessie William Keley  
Columbia, S.C.  
White (ii) AGE AT LAST BIRTHDAY 19  
Richland, S.C.  
Farmer

## MOTHER.

(i) NAME BEFORE MARRIAGE Janie Campbell Willson  
 (ii) PRESENT RESIDENCE OF MOTHER Columbia  
 (iii) COLOR OR RACE White (iv) AGE AT LAST BIRTHDAY 17  
Richland, S.C.  
Farmer  
 (v) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(28) (Signature) E. B. Bell  
 (29) State whether Physician or Midwife Physician (30) Address of Physician or Midwife Richland, S.C.

Name added from a supplemental report

(31) Witness (Signature of Witness necessary only when question 28 is signed by mother)

(32) Signed E. B. Bell (33) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.