

(1) PLACE OF BIRTH

County of Indragiri
 Township of Banahyank
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 902

No. 8788 - For State Register Only

Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child

John Endora W. Miller

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

3) BOY OR GIRL Girl 4) Type of Figure 3 5) Number in order of birth 3 6) Is child living? yes 7) DATE OF BIRTH Feb 23, 1923
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Henry A. Henry Kelly
 9) PRESENT POSTOFFICE OF FATHER Barley N. Y.
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 24
 (Year) 12) BIRTHPLACE Ind.
 13) OCCUPATION Farmer
 14) Number of children born to mother, including present one 3

MOTHER.

10) NAME BEFORE MARRIAGE Mary E. Mc-Linn
 11) PRESENT POSTOFFICE OF MOTHER Barley N. Y.
 12) COLOR OR RACE White 13) AGE AT LAST BIRTHDAY 24
 (Year) 14) BIRTHPLACE Ind.
 15) OCCUPATION Housewife
 16) Number of children of this mother, including present one 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Day, date or stillborn) (Hour & M. or P. M.)

Physician or Midwife Barley N. Y.

When there is a signature of a physician or midwife, the signature of the physician or midwife should be signed by mark.

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