

(1) PLACE OF BIRTH

County of WillieburgTownship of Furleyor
Inc. Town ofor
City of

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

(2) Full Name of Child William KellehanFile No.—For State Registrar Only
6074Registration District No. 4311 Registered No.

(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 3 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Melvin Kellehan(9) PRESENT POSTOFFICE OF FATHER Kingstree S.C. R.T.D. 1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Windsor County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Cleora Strong(15) PRESENT POSTOFFICE OF MOTHER Kingstree S.C. R.T.D. 1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Windsor County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. D. Jacobs(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Kingstree S.C.

Given name added from a supplemental report

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

(27) Filed Jan 10 1922 (28) W. F. Snodden
Registrar 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.

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