

(1) PLACE OF BIRTH

County of Anderson

Township of Burke Creek

or
Inc. Town of

or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9841

Registration District No. 202 Registered No. 29
(For use of Local Registrar)

(No. St.: Ward)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child John Humbert Cely

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 7 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Humbert Cely

(9) PRESENT POSTOFFICE OF FATHER Casley SC #3

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Anderson SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Virginia Ellison

(15) PRESENT POSTOFFICE OF MOTHER Casley SC, P.O. #3

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Anderson SC

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. D. Raymond

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Casley SC P.O. #3

Given name added from a supplemental report

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Registrar

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

(27) Filed April 1922 (28) J. R. Mathews 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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