

(1) PLACE OF BIRTH

County of Newham

Township of Staten

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

43106

Registration District No. 2704 Registered No.
(For use of Local Registrar)

(2) Full Name of Child. Marian D. Kelly S.R. If child is not yet named, make supplemental report as directed

(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 December 18 1929
(Name of Month Year) (Year)

FATHER

(8) FULL NAME Marian D. Kelly S.R.

(9) PRESENT POSTOFFICE OF FATHER Surgott S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Daisy M. Vann

(15) PRESENT POSTOFFICE OF MOTHER Surgott S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

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) Hester Fortune

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Surgott

Given name added from a supplemental report

Marian D. Kelly 1914
M. B. Woodward M.D. Registrar

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

(27) Filed Dec 31 1929 (28) Mrs. M. D. Gregory 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5.

McCaw of Columbia

No.