

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Lowville  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39610

Registration District No. 3602 Registered No. 40  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Norona Kelly (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 27, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Kelly Jr  
 (9) PRESENT POSTOFFICE OF FATHER Bowman S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Orby S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Ernie Rush  
 (15) PRESENT POSTOFFICE OF MOTHER Bowman S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Orby S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Beila Kelly  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bowman S.C.

Given name added from a supplemental report

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

(27) File Dec 4, 1922 (28) W. T. Patrick 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.

THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, MAKE A SEPARATE REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 2.