

## (1) PLACE OF BIRTH

County of HorryTownship of Conwayor  
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

19016

Registration District No. 2502 Registered No. 89  
(For use of Local Registrar)(2) Full Name of Child Wm. Kealey If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents married? yes

(7) DATE OF

BIRTH June 2 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Owen Anderson(9) PRESENT POSTOFFICE OF FATHER Shell S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33  
(Years)(12) BIRTHPLACE Horry Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Maud Chestnut(15) PRESENT POSTOFFICE OF MOTHER Shell S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
(Years)(18) BIRTHPLACE Horry Co(19) OCCUPATION Home work(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Beutner(24) State whether Physician or Midwife (25) Address of Physician or Midwife Conway, 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 June 9, 1922 (28) J. L. Brown  
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.Registrar I Local Registrar.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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RECEIVED

K O D A K S A F E T