

## (1) PLACE OF BIRTH

County of HershawTownship of Dr. Kelly

or

Inc. Town of

or

City of Cavender

(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

30854

Registration District No. 27-aRegistered No. 59  
(For use of Local Registrar)

## 2) Full Name of Child

(1) BOY OR GIRL? Girl

(4) Twin or Triplet?

(3) Number in order of birth

(6) Are Parents Married? Yes(5) DATE OF BIRTH Sept 3 1922  
(Name of Month) (Day) (Year)

## FATHER

(3) FULL NAME

Holand E. King

(6) PRESENT POSTOFFICE OF FATHER

Cavender

(7) COLOR OR RACE

White

(8) AGE AT LAST BIRTHDAY

7 (Years)

(9) BIRTHPLACE

Hershaw Co

(10) OCCUPATION

Clerk

## MOTHER

(14) NAME BEFORE MARRIAGE

Ante Kelly

(15) PRESENT POSTOFFICE OF MOTHER

Cavender

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Lee Co

(19) OCCUPATION

House wife

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

4

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 2 0 M. on the date above stated. (Hour, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. R. Kelly

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Cavender

Given name added from a supplemental report

191

Registrar

(26) Witnesses

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

(27) File

Oct 16 1922

(28)

W. R. Kelly

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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