

WRITE PLAINLY. WITH LEADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
Township of
OR
Inc. Town of
OR
City of Columbia
(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

31933

Registration District No. 38 Registered No. 1723
(For use of Local Registrar)

(2) Full Name of Child

Sam Walter Kelly, Jr. (No. Baptist Hospital)
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 26, 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Walter Kelly
(9) PRESENT POSTOFFICE OF FATHER Edgewood
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Year) (12) BIRTHPLACE Columbia
(13) OCCUPATION Railroad Employee
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Maudie Kelly
(15) PRESENT POSTOFFICE OF MOTHER Edgewood
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Year) (18) BIRTHPLACE Columbia
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edythe DeLoach
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Colonial Hotel

Given name added from a supplemental report

E. DeLoach
Registrar

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

(27) Filed 9-29-22 (28) 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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