

## (1) PLACE OF BIRTH

County of York  
 Township of Cholesworth  
 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

28379

Registration District No. .... Registered No. 74  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child McKenley Kelly 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? No (7) DATE OF BIRTH June 3, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Lura Kelly  
 (15) PRESENT POSTOFFICE OF MOTHER Edgum S.C. R#1  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY ..... (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Saeen Young(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Edgum S.C.

Given name added from a supplemental report

(26) Witness R. N. Gustafson  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8/21/22 (28) L. R. Miller  
 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.

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