

(1) PLACE OF BIRTH

County of Durham
 Township of Hartsville
 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

18331

Registration District No. 1502 Registered No. 62
 (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 Le Roy Kiley (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>July 5 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Dawsey Kiley</u>			14) NAME BEFORE MARRIAGE <u>Hannah Harrison</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Hartsville SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Hartsville SC</u>	
10) COLOR OR RACE <u>B</u>	11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	16) COLOR OR RACE <u>B</u>	17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
12) BIRTHPLACE <u>SC</u>		18) BIRTHPLACE <u>SC</u>		
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>2</u>		21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) D. J. McKeay(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Hartsville SC

Given name added from a supplemental report

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

(27) Filed July 5 1922 (28) D. J. McKeay 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.

(27) Filed July 5 1922 (28) D. J. McKeay Local Registrar.

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