

(1) PLACE OF BIRTH

County of Deeone
 Township of Reiner
 or
 Inc. Town of Tennessee
 or
 City of Tennessee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

4731

Registration District No. 3562Registered No. 6
(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

Ralph Kelley

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 8 (6) Sex of Parents no (7) DATE OF BIRTH Feb 8, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Father Unknown

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE
(11) BIRTHPLACE

(11) AGE AT LAST BIRTHDAY (Year)

(12) OCCUPATION

(13) Number of children born to mother, including present birth 1 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Grant(15) PRESENT POSTOFFICE OF MOTHER Tennessee & Co.(16) COLOR OR RACE white(17) BIRTHPLACE Tennessee N. C.(18) OCCUPATION Farmer(19) Number of children of this mother now living, including present birth 1 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5-9 A. M.
 on the date above stated. (Born alive or stillborn Hour, M. or P. M.)

(23) (Signature) Thos. Harriet C. Cook (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tennessee & Co.

Given name added from a supplemental report

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

(27) File No. 10021 23 11/11/23 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.