

(1) PLACE OF BIRTH

County of AndersonTownship of Cornwallor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 304No. 31000 XRegistered No. 110
(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 Robert D. Kelley If child is not yet named, make supplemental report as directed(3) SEX OR Boy (4) Type Male (5) DATE OF BIRTH Nov 25 1923
(To be answered only in event of Twin or Triplets)

FATHER.		MOTHER.	
(6) FULL NAME <u>J. B. Kelley</u>	(14) NAME BEFORE MARRIAGE <u>Mae Brown</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Barnes St</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Barnes</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u>	(16) COLOR OR RACE <u>White</u>	(18) AGE AT LAST BIRTHDAY <u>32</u>
(12) BIRTHPLACE <u>Anderson Co</u>	(14) BIRTHPLACE <u>Quaco</u>	(16) BIRTHPLACE <u>Quaco</u>	(18) BIRTHPLACE <u>Quaco</u>
(14) OCCUPATION <u>Farming</u>	(16) OCCUPATION <u>Farming</u>	(18) OCCUPATION <u>Farming</u>	(20) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>5</u>	(22) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Male at 5 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(24) (Signature) W. H. H. H. (25) Address of Physician or Midwife Quaco(26) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(29) Filed Nov 28 1923 (30) W. H. H. H. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report, if a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.