

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. 2714 — For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">2714</div>	
County of <u>Albermarle</u>		Registration District No. <u>443</u>		Registered No. <u>7</u>	
Township of <u>Country</u>				(For use of Local Registrar)	
City of _____		(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 <u>Belle Washington</u>				(If child is not yet named, make supplemental report as directed)	
(3) sex of child <u>girl</u>	(4) Twin or Triplet <u>☐</u>	(5) Number in order of birth _____	(6) Is child married? <u>No</u>	(7) DATE OF BIRTH <u>Feb. 1, 1923</u>	
			(Name of Month) (Day) (Year)		
FATHER			MOTHER		
(8) FULL NAME <u>Ervin Kelly</u>			(14) NAME BEFORE MARRIAGE <u>Not named</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Albermarle</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Albermarle</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)		
(12) BIRTHPLACE <u>Dr. Ervin place</u>			(18) BIRTHPLACE <u>Bryant, S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>1</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 _____ on the date above stated.					
(23) (Signature) <u>Albert Ford</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Albermarle</u>					
Given name added from a supplemental report _____			(26) Witness _____		
_____ 19 _____ Registrar			(27) Filed <u>Feb 10 23</u> (28) <u>X C. Rouse</u> 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.