

REMARKS: WITH UNFADING INK—WRITE A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Keokuk
 Township of De Kalb
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
15431

Registration District No. 2701 Registered No. 73
 (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 Nehut Kelly If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 19 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

14) NAME BEFORE MARRIAGE Emma Kelly
 15) PRESENT POSTOFFICE OF MOTHER Union
 16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 29 (Years)
 18) BIRTHPLACE IL
 19) OCCUPATION Domestic
 21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 17 M., on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)

(23) (Signature) Emmie Johnson
 (24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife 17

Given name added from a supplemental report

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

(27) Filed May 12 1922 (28) Emmie Johnson 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.