

(1) PLACE OF BIRTH

County of Lamun
 Township of Beals
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43263

Registration District No. 2901 Registered No. 140
 (For use of Local Registrar)

(2) Full Name of Child

John George Kellett (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) SOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 10 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edgar R. Kellett
 (9) PRESENT POSTOFFICE OF FATHER Georgetown SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 (Year) (12) BIRTHPLACE Lamun co SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Abernethy
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
 (Year) (18) BIRTHPLACE Lamun co SC
 (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Local Registrar

*When there was no attending physician or midwife, 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.