

CERTIFICATE OF BIRTH

County of Richmond.....

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

File No.—For State Registrar Only

Township of

Inc. ^{or} Town of

CITY OF Albany, N.Y.

(If birth occurs in a hospital or

Registration District No. 38.5 Registered No. 967

(For use ~~by~~ **Minister**)

2) Full Name of Child. Paul Dennis Kelly .. . If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>1</i>	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Feb. 13</i> (Name of Month) (Day) (Year)
-------------------------------	----------------------	--	--------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME	Robert Kelly Jr.	(14) NAME BEFORE MARRIAGE	John Corinne Dunn's

(9) PRESENT POSTOFFICE OF FATHER *Columbia D.C.* (10) PRESENT POSTOFFICE OF MOTHER *Columbia D.C.*

(11) COLOR OR RACE white (12) AGE AT LAST BIRTHDAY 24 (Years) (13) COLOR OR RACE white (14) AGE AT LAST BIRTHDAY 31 (Years)

(11) BIRTHPLACE Dummett Co. SE.	(18) BIRTHPLACE Kearns Co. SE.
------------------------------------	-----------------------------------

(13) OCCUPATION <i>Salesman</i>	(19) OCCUPATION <i>Domestic</i>
------------------------------------	------------------------------------

(2n) Number of children born to mother, including present birth { 2

(2i) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(28) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

When there was no attending
a child breathes even once.

...should make this return. If
...of stillbirths before the