

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>8595</b>	
County of <u>Blaine</u> Township of <u>Cherokee</u> or Inc. Town of ..... or City of .....		Registration District No. <u>9501</u>		Registered No. <u>5</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward)		(If child is not yet named, make supplemental report as directed)	
(2) Full Name of Child <u>Vernie Germaine Kelly</u>					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 22, 1922</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>Carl Kelly</u> (9) PRESENT POSTOFFICE OF FATHER <u>W. R. Kelly</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>35</u> (Years) (12) BIRTHPLACE <u>Pickens Co. S.C.</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>5</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Pearl Brummett</u> (15) PRESENT POSTOFFICE OF MOTHER <u>W. R. Kelly</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) (18) BIRTHPLACE <u>Columbia Co. S.C.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. (22) I hereby certify that I attended the birth of this child, who was <u>Blaine</u> (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>W. R. Kelly</u> (24) State whether Physician or Midwife		(25) Address of Physician or Midwife <u>W. R. Kelly</u>			
Given name added from a supplemental report ..... ..... ..... 19 .. Registrar		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>W. R. Kelly</u> (27) Filed <u>April 8, 1922</u> (28) <u>W. R. Kelly</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.					