

(1) PLACE OF BIRTH

County of Williamsburg  
Township of 2nd  
OF  
Inc. Town of .....  
OF  
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  
37838

Registration District No. 4501 Registered No. 134  
(For use of Local Registrar)

(2) Full Name of Child Luigi Kells (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? No (7) DATE OF BIRTH Nov 6 1923  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Red Sam  
(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43  
(Year) (12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 1

MOTHER  
(10) NAME BEFORE MARRIAGE Luigia Kells  
(11) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.  
(12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 15  
(Year) (14) BIRTHPLACE S.C.  
(15) OCCUPATION Domestic  
(16) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was one day at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(18) (Signature) Luigi Kells (19) Address of Physician or Midwife Georgetown S.C.  
(20) State whether Physician or Midwife Midwife

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar

(21) Witness (Signature of Witness necessary only when question 23 is signed by mother) .....  
(22) Date Nov 16 1923 (23) Local Registrar Al Powell

\*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.