

## (1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11.—For State Registrar Only

29770

Registration District No.

Registered No. 83  
(For use of Local Registrar)

St.; Ward

(No. . . . .)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Nellie Kelley

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?

yes

(7) DATE OF BIRTH

July 30, 1907

## FATHER.

(8) FULL NAME

Horn - Kelley

(9) PRESENT POSTOFFICE OF FATHER

Central St.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

1

(14) NAME BEFORE MARRIAGE

Mollie Woodard

(15) PRESENT POSTOFFICE OF MOTHER

Central St.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(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 . . . . . on the date above stated.

(Normal or Stillborn) (Hour . . . . . M. or P. M.)

(23) (Signature)

J. E. Dick

(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) Filed 10/5/29

(28)

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.

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