

Form No. 3

(1) PLACE OF BIRTH

County of Florence

Township of

Inc. Town of

City of Florence

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2005

File No. - For State Registrar Only

17617

Registered No. 25
(For use of Local Registrar)(No. P.F.D.1 St. Ward)(2) Full Name of Child Julia Kelly

(If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL? girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes7. DATE OF BIRTH June 20, 23
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME George Kelly9. PRESENT POSTOFFICE OF FATHER P.F.D. #110. COLOR OR RACE Colored11. AGE AT LAST BIRTHDAY 29
(Years)12. BIRTHPLACE Brunswick, S.C.13. OCCUPATION Farming20. Number of children born to mother, including present birth 5

MOTHER.

14. NAME BEFORE MARRIAGE Hattie Kelly15. PRESENT POSTOFFICE OF MOTHER P.F.D. #116. COLOR OR RACE Colored17. AGE AT LAST BIRTHDAY 25
(Years)18. BIRTHPLACE Florence, S.C.19. OCCUPATION Farming21. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Stanza Cooker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 1111 ...

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 22, 23 (M.)P.H. Prigmore
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.