

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

7100

Registration District No. 1205

Registered No. 28
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

not named

(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?

yes

(7) DATE OF BIRTH

Jan. 6, 1922
(State of Month) (Day) (Year)

(8) FULL NAME

W. B. Kelly

(9) PRESENT POSTOFFICE OF FATHER

Pageland S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farmer

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

4

(14) NAME BEFORE MARRIAGE

Ellen Watts

(15) PRESENT POSTOFFICE OF MOTHER

Pageland S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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

19

(28)

P. B. Redfern
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.