

Form No. 1

(1) PLACE OF BIRTH

County of Geenie
 Township of Wagner
 or
 Inc. Town of Walhalla
 or
 City of

(No. St.; Ward)
 (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 Health

File No.—For State Registrar Only

43864

Registration District No. 35.7Registered No. 72
(For use of Local Registrar)

(2) Full Name of Child

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

(3) ~~BOY OR GIRL~~ Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 27 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter C. Kelley
 (9) PRESENT POSTOFFICE OF FATHER Walhalla S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 43
 (Year) (12) BIRTHPLACE Geenie Co. S.C.
 (13) OCCUPATION Road Construction
 (20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Hopkins
 (15) PRESENT POSTOFFICE OF MOTHER Walhalla S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25
 (Year) (18) BIRTHPLACE Geenie Co. S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. F. Shuman M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walhalla S.C.

Given name added from a supplemental report

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

(27) Filed Jan 2 1923 (28) Rau 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.

MARGIN RESERVED FOR BINDING.

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.

MCCRAW OF COLUMBIA, COLUMBIA, S. C.