

2-20-43 No Corrs.

U. S. Dept. of Commerce
Bureau of the Census

22 049418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Richland

Township of Upper

or

Inc. Town of _____

or

City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 3805

FILE No.—For State Registrar Only

01162

Registered No. _____
(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 Clyde Kean Kelley } If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	If Plural Births	4. Twin, triplet or other	5. Number, in order of birth	6. Premature	7. Are Parents Married <u>Yes</u>	8. Date of Birth <u>June 14, 1922</u> (Month, day, year)	
9. Full name of FATHER <u>J. Oscar Kelley</u>				18. Name before marriage MOTHER <u>Jessie Lauer</u>			
10. Residence (mailing address) (If non-resident, give place and State) <u>Beaufort</u>				19. Residence (mailing address) (If non-resident, give place and State) <u>Doan</u>			
11. Color or race <u>W</u>	12. Age <u>46</u>	(years)		20. Color or race <u>W</u>	21. Age <u>34</u>	(years)	
13. Birthplace (city or place) (State or country) <u>Edgefield</u>				22. Birthplace (city or place) (State or country) <u>Richland</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</u>			
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
16. Date (month and year) last engaged in this work				17. Total time (years) spent in this work		26. Total time (years) spent in this work	
27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>							
28. If stillborn, period of gestation			months	29. Cause of stillbirth			Before labor
			weeks				During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born 9 P m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 9 P m. on above date anest
(Name of Prophylactic)Cleft Palate no Hare Lip no Other Deformities no
(Specify)

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]

Given name added from a supplementary report _____
(Date of)(Signed) Anna C. Carter, M. D.

or _____, Midwife

Address W. Woodward St.Filed Feb. 22, 1943 M. B. Woodward, M. D.
Local Registrar

State Registrar