

## (1) PLACE OF BIRTH

County of Yapila

Township of .....

or

Inc. Town of .....

or

City of .....

(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

17557

Registration District No. .... Registered No. 1911

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) SEX OR <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 14 1911</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Kelly Jr</u>			(14) NAME BEFORE MARRIAGE <u>May Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Winnboro</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Winnboro</u>	
(10) COLOR OR RACE <u>Red</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Yapila</u>		(18) BIRTHPLACE <u>Yapila</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Male at 11 M.,  
(on the date above stated.) (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lina Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed ..... 19 ..... (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.