

Form No. 1

## (1) PLACE OF BIRTH

County OrangeburgTownship New Hope

Inc. Town of .....

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

Registration District No. 3612 Registered No. 17  
(For use of Local Registrar)

File No. - For State Registrar Only

4863

## (2) Full Name of Child

Robert Lewis

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

3. SEX-OR GIRL?	4. Twin or Triplet To be answered only in case of Twin or Triplet	5. Number in order of birth	6. Are Parents Married	7. DATE OF BIRTH <u>Feb 1 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8. FULL NAME <u>Edw. H. Kelley</u>			14. NAME BEFORE MARRIAGE <u>Wagner</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Burman</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Burman</u>	
10. COLOR OR RACE <u>White</u>			16. COLOR OR RACE <u>White</u>	
11. AGE AT LAST BIRTHDAY <u>40</u> (Years)			17. AGE AT LAST BIRTHDAY <u>27</u> (Years)	
12. BIRTHPLACE <u>City Co</u>			18. BIRTHPLACE <u>City Co</u>	
13. OCCUPATION <u>Teacher</u>			19. OCCUPATION <u>Teacher</u>	
20. Number of children born to mother, including present birth <u>1</u>			21. Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Kelley(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Hammond St(Given name added from a supplement-  
tal report)(26) Witness J. H. Kelley  
signature of Witness necessary only  
when question 23 is signed by mark(27) Filed 7/3 1923 (28) J. H. Kelley 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.

REMARKS RESERVED FOR RECORDING.

WRITED 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.

BOARD OF HEALTH, COLUMBIA, S. C.