

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg  
 Township of Providence  
 or  
 Inc. Town of.....  
 or  
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**5335**

Registration District No. 3614 Registered No. 13  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jannie Kelliard { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 3, 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Shack Kelliard  
 (9) PRESENT POSTOFFICE OF FATHER Vance, S. C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 42 (Years)  
 (12) BIRTHPLACE Orangeburg County  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Jannie Kelliard  
 (15) PRESENT POSTOFFICE OF MOTHER Vance, S. C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Orangeburg County  
 (19) OCCUPATION Housekeeping  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 (22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Larry Farnsworth  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Vance, S. C.

Given name added from a supplemental report.....  
 ..... 19 ..  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 16 1922 (28) J. G. Dantzler 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.

1708