

Form No. 1

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

77-18

County of *Myrtle Beach*Township of *Myrtle Beach*or  
Inc. Town of.....Registration District No. *4505* Registered No. *5*  
(For use of Local Registrar)

(City of ..... (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 *Lizzie Ruth Kells*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 5 1923*  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME *Alex Kells* (14) NAME BEFORE MARRIAGE *Cornelia Foster*(9) PRESENT POSTOFFICE OF FATHER *Myrtle Beach* (15) PRESENT POSTOFFICE OF MOTHER *Myrtle Beach*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *38* (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *34*  
(Year)(12) BIRTHPLACE *Edgewood, N.C.* (18) BIRTHPLACE *Edgewood, N.C.*(13) OCCUPATION *Farming* (19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *1 2* (21) Number of children of this mother now living, including present birth *1 2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *live* at *5* M., on the date above stated. (Born alive or stillborn: 1 Hour A. M. or P. M.)(23) (Signature) *L. L. Kells*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Myrtle Beach*

(Given name added from a supplemental report)

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

(27) Filed *Feb 12 1923* (28) *L. L. Kells* 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