

(1) PLACE OF BIRTH.

County of Anderson
 Township of Broadway
 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

3002

Registration District No. 301 Registered No. 3
 (For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan 28 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>W. L. Kelley</u>			14) NAME BEFORE MARRIAGE <u>Jessie May Lloyd</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Betha St. #3</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Betha St. #3</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	16) COLOR OR RACE <u>White</u>		
12) BIRTHPLACE <u>Anderson Co. S.C.</u>		17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
13) OCCUPATION <u>Farmer</u>		18) BIRTHPLACE <u>Anderson Co. S.C.</u>		
20) Number of children born to mother, including present birth <u>1</u>		19) OCCUPATION <u>Housewife</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 5:30 6 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Frank L. L. L.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Anderson S.C.

Given name added from a supplemental report.

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

(27) Filed Mar 10 1922 (28) W. L. Campbell 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.

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.