

(1) PLACE OF BIRTH

County of Horry,Township of Smithville,or
Inc. Town ofor
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

23220

Registration District No. 3366 Registered No. 32
(For use of Local Registrar)(2) Full Name of Child Wollen Kelleck

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

(3) <u>BOY OR GIRL</u>	(4) <u>Twin or Triplet?</u> To be answered only in event of Twins or Triplets	(5) <u>Number in order of birth</u>	(6) <u>Are Parents Married?</u> <u>Yes</u>	(7) <u>DATE OF BIRTH</u> <u>June 30, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Hazel Kelleck,(9) PRESENT POSTOFFICE OF FATHER Kelleck, S.C.(10) COLOR OR RACE Negro, (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer,(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Middleton,(15) PRESENT POSTOFFICE OF MOTHER Kelleck, S.C.(16) COLOR OR RACE Negro, (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Work,(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 11 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Daniels
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed AUG 11 1922 (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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEANS OF COLUMN. COLUMN. S. C.