

## 91520

County of Rechen

Township of .....

Inc. or Town of Waverley

City of Columbia

Bureau of Vital Statistics

**State Board of Health**

Registration District No. \_\_\_\_\_

Registered No.

(For use of Local Registrar)

(2) Full Name of Child. Mary Elizabeth Hill

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

(3) ~~BOY OR~~  
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH Dec. 9, 1946  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Revens Kelley

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE

(13) OCCUPATION  
R.P. Engineer

(20) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER Columbia S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* *alive*

(22) I hereby certify that I attended the birth of this child, who was born alive at St. Louis, Mo. (Born alive or stillborn) on the date above stated. Love B. Bice

(23) (Signature)

(23) (Signature) [Signature]  
(24) State whether Physician or midwife Physician

(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

137.191

(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.

must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.