

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
91520

(1) PLACE OF BIRTH
 County of Richland
 Township of Waverly
 or
 Inc. Town of Waverly
 or
 City of Columbia (No. 225-Washington St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 38a Registered No. 1591
 (For use of Local Registrar)

(2) Full Name of Child Mary Elizabeth Kelley { 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 1
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 9, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Reivers Kelley

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

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

(12) BIRTHPLACE S.C.

(13) OCCUPATION R.R. Engineer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Gladys Saunders

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

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

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(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 born alive at 4:30 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jane Bruce

(24) State whether Physician or midwife Physician (25) Address of Physician or midwife 1416 Hampton

Given name added from a supplemental report _____, 191____

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

(27) Filed 12/11/16 (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.

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THIS IS A PRELIMINARY STATEMENT AND SHOULD NOT BE USED FOR ANY OTHER PURPOSE. IT IS SUBJECT TO CORRECTION AND SHOULD BE FILED WITH THE ORIGINAL RECORDS OF THE BUREAU OF VITAL STATISTICS.