

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Marlboro  
 Township of Hebors  
 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  
**43770**

Registration District No. 3304 Registered No. 155  
 (For use of Local Registrar)

(2) Full Name of Child Bergman Kelly (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No. (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 6 1922  
 (If child is not yet named, make supplemental report as directed)

**FATHER.**  
 (8) FULL NAME William Kelly  
 (9) PRESENT POSTOFFICE OF FATHER Clase  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 43  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 9

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Stancha Robinson  
 (15) PRESENT POSTOFFICE OF MOTHER Clase  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 38  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Labourer  
 (21) Number of children of this mother now living, including present birth 19

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 (22) I hereby certify that I attended the birth of this child, who was White at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Midwife Alice M. C. C.  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 19 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 8 1922 (28) W. H. Woodley  
 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.