

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.

Caw. of Columbia.

(1) PLACE OF BIRTH

County of

Greenville

Township of

*Butler*Inc. Town of
or

City of

Laurens(No. St. Ward)
(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

56038

Registration District No. *2202*Registered No. *37*

(For use of Local Registrar)

(2) Full Name of Child

William Paul 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

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?*yes*(7) DATE
BIRTH*April 15 1902*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*Robert David Kelley*(9) PRESENT
POSTOFFICE
OF FATHER*Greenville Butler*(10) COLOR
OR
RACE*White*(11) AGE AT LAST
BIRTHDAY*31*

(Years)

(12) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

Farming(14) Number of children born to
mother, including present birth*4*

MOTHER.

(15) NAME BEFORE
MARRIAGE*Emma B. Kelley*(16) PRESENT
POSTOFFICE
OF MOTHER*Greenville S.C.*(17) COLOR
OR
RACE*White*(18) AGE AT LAST
BIRTHDAY*30*

(Years)

(19) BIRTHPLACE

Greenville S.C.

(20) OCCUPATION

H. W.(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* at *1:30* P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Dr. Henry H. Means

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Midwife Route 18*Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Date

May 9 1902

(28)

W. E. White

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.