

(1) PLACE OF BIRTH

County of Oconee
Township of Keowee
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
46978

Registration District No. 3572 Registered No. 5
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Roy Kelley } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 21
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Edwin Kelley
(9) PRESENT POSTOFFICE OF FATHER Walhalla S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 5-1
(12) BIRTHPLACE Oconee County
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bertie Smith
(15) PRESENT POSTOFFICE OF MOTHER Walhalla S. C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(18) BIRTHPLACE Oconee County
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:50 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John M. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Walhalla S. C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. S. Smith
(27) Filed Feb 8 1915 (28) S. W. Smith
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.

John M. Smith Registrar I U Local Registrar.

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FORM NO. 1
WHEN RELATIVES, WATER SUPPLIERS, WATER DISINFECTING WORK, THIS IS A NECESSARY REPORT
M. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
McCaw of Columbia