

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 LeeTownship of Mechanicsvilleor
Inc. Town of.....or
City of.....(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

Registration District No. 3003

File No.—For State Registrar Only

23949Registered No. 576
(For use of Local Registrar)

(2) Full Name of Child

Lena Marie KellyIf child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL? Girl(4) Twin
or Triplet? No
To be answered only in case of Twins or Triplets(5) Number in
order of birth 5(6) Are
Parents
Married? Yes(7) DATE OF Apr 16 1922
BIRTH..... 19... 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Stafford Kelly(9) PRESENT
POSTOFFICE
OF FATHER Bishopville(10) COLOR
OR
RACE White(12) BIRTHPLACE SC.(13) OCCUPATION Farm(20) Number of children born to
mother, including present birth 15

MOTHER.

(14) NAME BEFORE
MARRIAGE Raina Stucky(15) PRESENT
POSTOFFICE
OF MOTHER Bishopville(16) COLOR
OR
RACE White(18) BIRTHPLACE SC.(19) OCCUPATION Housework(21) Number of children of this mother
now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.... Alton.....at.....M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
LeeGiven name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Apr 18 1922 (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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