

(1) PLACE OF BIRTH

County of MarlboroTownship of Bennettsville

or

Inc. Town of

or

City of

(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

49873

Registration District No. 3301 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Percy Kelly { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin <u>Yes</u> or Triplet?	(5) Number in order of Birth <u>2</u> <small>To be answered only in case of Twin or Triplet's</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 11th 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James T Kelly(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Richmond Co NC(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Brewer(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Marlboro Co SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Agnes Wagner

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

Midwife Bennettsville SC

Given name added from a supplemental report

....., 191....

..... Registrar

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

Feb 19th 1916 W. W. Pate

(27) Filed 191.... (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.

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.