

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
84413

Registration District No. 205-79

Registered No. (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 *Mohara Kelley* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *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 OF BIRTH *Nov 1 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Erwin Kelley

(9) PRESENT POSTOFFICE OF FATHER

Sumner S.C.

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY *20*
(Years)

(12) BIRTHPLACE

Appleton S.C.

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth { *1* }

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Belle Daniels

(15) PRESENT POSTOFFICE OF MOTHER

Sumner S.C.

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY *18*
(Years)

(18) BIRTHPLACE

Sumner S.C.

(19) OCCUPATION

Farmer wife(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 *7 P* M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Bella X. Saxon*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Sumner S.C.*

Given name added from a supplemental report

, 191...

Registrar

(26) Witness *M. D. Rouse*

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

(27) Filed *Nov 6 1916*(28) *J. A. Rouse*

(29)

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.