

WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, IN QUESTION 1.  
M.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each CHILD, in question 1.

W. McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Spokane  
Township of .....  
or  
Inc. Town of .....  
or  
City of Spokane  
(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  
**50378**

Registration District No. 40-a Registered No. 32  
(For use of Local Registrar)  
St.; ..... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Helen Cely } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 10 1946</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>				<b>MOTHER.</b>
(8) FULL NAME <u>John Luther Cely</u>				(14) NAME BEFORE MARRIAGE <u>Mary Lou Odion</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Spokane, W. C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Spokane, W. C.</u>
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>.....</u> (Years)		(16) COLOR OR RACE <u>White</u>
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>.....</u> (Years)		(18) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Dr. Clerk</u>				(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>				(21) Number of children of this mother now living, including present birth <u>1</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:40 P.M. on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) [Signature]  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife  
Spokane, W. C.

Given name added from a supplemental report  
June 29 1946  
[Signature]  
Registrar

(26) Witness  
(Signature of Witness necessary only when question 23 is signed by mark)  
[Signature]  
(27) Filed Mar 1 1946 (28) Gas Capen  
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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