

MARGIN RESERVED FOR BINDING.

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 Marlboro,.....
 Township of Smithville,...
 or
 Inc. Town of.....
 or
 City of

(If birth occurs in a hospital or other institution, give name 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

73952

Registration District No. 3303... Registered No. 78
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of street and number.)

(2) Full Name of Child Sam Kelleck,

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June, 28, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Kelleck,(9) PRESENT POSTOFFICE OF FATHER Kelleck, S.C.(10) COLOR OR RACE Negro, (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Labor,(20) Number of children born to mother, including present birth { 1.

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Harrington,(15) PRESENT POSTOFFICE OF MOTHER Kelleck, S.C.(16) COLOR OR RACE Negro, (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Work,(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 alive, at 11 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A.C. Everett,(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Beckingham, N.C.

Given name added from a supplemental report

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

(27) Filed Aug. 10, 1916 (28) W. H. Priest
Registrar 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.