

Form No 1.

(1) PLACE OF BIRTH  
 County of York  
 Township of Brook River  
 Inc. Town of .....  
 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  
**54154**

Registration District No. 4407 Registered No. 16  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 10, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wesley Keely</u>			(14) NAME BEFORE MARRIAGE <u>Dora Sanders</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumner SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumner SC</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>York Co</u>			(18) BIRTHPLACE <u>Chestert SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth { <u>7</u>			(21) Number of children of this mother now living, including present birth { <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4-9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dallas S. Smith  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumner SC

Given name added from a supplemental report ..... 191....  
 ..... Registrar

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

(27) Filed March 10, 1916 (28) W. Kirby 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.