

## (1) PLACE OF BIRTH

County of MarlboroTownship of Princetonvilleor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49872

Registration District No. 3301 Registered No. 12  
(For use of Local Registrar)City of ....., (No. ...., 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 Agnes Kelly { If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 11 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James P. Kelly(9) PRESENT POSTOFFICE OF FATHER Princetonville 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 Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Eva Brewer(15) PRESENT POSTOFFICE OF MOTHER Princetonville 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 Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.) 7 a  
on the date above stated.(23) (Signature) Mrs. Agnes Brewer

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

Midwife Princetonville SC

Given name added from a supplemental report

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

(27) Filed Feb 19 1916 (28) W. W. Pale 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 IN ADDING 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