

MARGIN RESERVATION FOR BINDING.
 WHEN FATHER, WITH UNLAWFUL INM—THIS IS A PERMANENT REQUIREMENT.
 M. H.—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.
 State of Columbia.

(1) PLACE OF BIRTH

County of BarnwellTownship of Red Oak

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 509 Registered No. 5
(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4823

(2) Full Name of Child not named Trace If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH February 15, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Kelly(9) PRESENT POSTOFFICE OF FATHER Barnwell R.F.D. 2(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Barnwell Co(13) OCCUPATION Farmer(21) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Ingram(15) PRESENT POSTOFFICE OF MOTHER Barnwell R.F.D. 2(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Barnwell Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert C. Carter

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

Midwife Barnwell R.F.D. 2

Given name added from a supplemental report

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

(27) Filed Feb 24 1916 (28) R. C. Kohler 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.