

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Township of

Inc. Town

City of

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

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3124

Registered No.

199

(For use of Local Registrar)

Registration District No.

9 A

(No.)

189

Smith

St.

Ward

(2) Full Name of Child. Richard McKelvey

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

19 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

More McKelvey.

(9) PRESENT POSTOFFICE OF FATHER

98 Queen St Charleston, S.C.

(10) COLOR OR RACE

C.

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Mt. Pleasant.

(13) OCCUPATION

Laborer.

(14) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Ernestine Bly.

(15) PRESENT POSTOFFICE OF MOTHER

18 Elliott St Charleston, S.C.

(16) COLOR OR RACE

C.

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Nurse

(20) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was

(Born alive or dead)

(Hour)

on the date above stated.

(22) (Signature)

(24) State whether Physician or Midwife

(25) Name of Physician or Midwife

Given name added from a supplemental report

101

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by physician or midwife)

(27) Filed

101

(28)

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.