

Form No. 1.

MARGIN RESERVED FOR BINDING.
WHITE 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.

(1) PLACE OF BIRTH

County of Flournoe
Township of Purdie
or
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
92512

Registration District No. 2013

Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child

Jaro Kelly

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 14, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. Kelly
(9) PRESENT POSTOFFICE OF FATHER Postons
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Kingsburg
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Adeline Davis
(15) PRESENT POSTOFFICE OF MOTHER Postons
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Postons
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sylvia Boothwright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

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Registrar

(27) Filed

Jan. 15, 1917

(28)

W. P. Poston

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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.