

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
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

19161

Registration District No. 4002 Registered No. 69
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) SEX OR CHILD Boy	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth 4	(6) Are Parents Married 710.	(7) DATE OF BIRTH June 23, 1916 (Month of Month) (Day) (Year)
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FATHER.

(8) FULL
NAME
Vick M. Kelsey(9) PRESENT
POSTOFFICE
OF FATHER
Cherokee - ACR(10) COLOR
OR
RACE
W.(11) AGE AT LAST
BIRTHDAY
28
(Year)(12) BIRTHPLACE
N. C.(13) OCCUPATION
Farmer(14) Number of children born to
mother, including present birth
4

MOTHER.

(14) NAME BEFORE
MARRIAGE
Hallie Depard(15) PRESENT
POSTOFFICE
OF MOTHER
Cherokee - ACR(16) COLOR
OR
RACE
W.(17) AGE AT LAST
BIRTHDAY
27
(Year)(18) BIRTHPLACE
B. C.(19) OCCUPATION
Housewife(20) Number of children of this mother
now living, including present birth
3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. P. M.)
on the date above stated.(22) (Signature) Mrs. Jennie Garrett
(23) Date whether Physician or midwife
(24) Address of Physician or Midwife
Cherokee - ACRWhen name added from a supplement-
al report(25) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed 6/16 1916
(27) Local RegistrarWhen 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.