

(1) PLACE OF BIRTH

County of *Anderson*Township of *Bushy Creek*or
Inc. Town of *Y*City of *Y*
(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

80092

Registration District No. *302*Registered No. *108*

(For use of Local Registrar)

St.; *Ward*(2) Full Name of Child *Elvira Louisa Cely*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Aug. 28*

(Name of Month) (Day) (Year)

To be answered only in event of twins or triplets

FATHER.

(8) FULL NAME

H. Olin Cely

(9) PRESENT POSTOFFICE OF FATHER

Greenville, S.C. R#4

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

Anderson, S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Edens

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S.C. R#4

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26 (Years)

(18) BIRTHPLACE

Pickens Co. S.C.

(19) OCCUPATION

house keeper

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

one

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* *11:45 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. D. Horanouch*

(24) State whether Physician or Midwife

Physician
Wesley S.C. R#3

Given name added from a supplemental report

101

Registrar

(25) Witness

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

(27) Filed *Aug 28 1916*

(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.

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FORM NO. 1, 1915. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS ORIGIN, No. 2, etc., in question 5. McChay, of Columbia.