

MARGIN RESERVED FOR BINDING.
 WRITE 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 Florence
 Township of Matto
 OR
 Inc. Town of.....
 OR
 City of Cowards, S.C.
 (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
85633

Registration District No. VOIY Registered No. 200793
 (For use of Local Registrar)
 (No. RFD #2 St.; Ward)

(2) Full Name of Child Thomas Andrew Kelly (If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1st (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 2 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME J. F. Kelly
 (9) PRESENT POSTOFFICE OF FATHER Cowards, S.C. #2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 73 (Years)
 (12) BIRTHPLACE Cowards, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1st

MOTHER.
 (14) NAME BEFORE MARRIAGE Jessie Kelly
 (15) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 77 (Years)
 (18) BIRTHPLACE Cheraw S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Alive at 4. a.m.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. F. Kelly M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cowards S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
 (27) filed Nov 16 1916 (28) [Signature] Local Registrar

*When there was no attending physician or midwife, mother, 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 ninth month of pregnancy.

RECAP OF COLUMBIA, COLUMBIA, S. C.