

(1) PLACE OF BIRTH
County of Florence

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

55894

Township of

Inc. Town of DurhamvilleRegistration District No. 2014 Registered No. 7733
(For use of Local Registrar)

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Arthur M. Thelley 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 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 26 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ross M. Thelley(9) PRESENT POSTOFFICE OF FATHER Durhamville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Florence Co.(13) OCCUPATION Clerk(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Dr. Hill(15) PRESENT POSTOFFICE OF MOTHER Durhamville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Florence(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 10:40 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Hattie S. Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Thelley
(Signature of Witness necessary only when question 22 is signed by mark)On Filed May 10, 1916 (27) M. C. Harris 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.

THIS IS A PERMANENT RECORD.
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 2.