

(1) PLACE OF BIRTH

County of UnionTownship of Unionor
Inc. Town ofor
City of(No. St.; Ward)
(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

53998

Registration District No. 4207 Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child Mary Kelley { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 5 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jack Kelley(9) PRESENT POSTOFFICE OF FATHER Union R # 4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Union Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Eva. Gallman(15) PRESENT POSTOFFICE OF MOTHER Union R # 4(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Union Co.(19) OCCUPATION Housewife(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 5-11 at 5-11 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. R. Sarratt (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Union

Given name added from a supplemental report

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Registrar

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

(27) Filed Mar 14 1916 (28) S. S. Sarratt 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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WHITES PLEASE, 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.

M. C. W. of Columbia