

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.

McRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Marlboro</u> Township of <u>Bennettsville</u> OR Inc. Town of ..... OR City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>73911</b>	
(2) Full Name of Child <u>Daisy Bell Kelly</u>		Registration District No. <u>3301</u>		Registered No. <u>146</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug 8<sup>th</sup> 1916</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Footis Quincy</u> (9) PRESENT POSTOFFICE OF FATHER <u>Bennettsville SC</u> (10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>24</u> (Years) (12) BIRTHPLACE <u>Marlboro Co SC</u> (13) OCCUPATION <u>Farmer Labourer</u> (20) Number of children born to mother, including present birth <u>Two</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Julie Kelly</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Bennettsville SC</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) (18) BIRTHPLACE <u>Marlboro Co SC</u> (19) OCCUPATION <u>Farmer Labourer</u> (21) Number of children of this mother now living, including present birth <u>Two</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8 P</u> M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Mollie Kelly</u> (24) State whether, Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Bennettsville SC</u>					
Given name added from a supplemental report <u>Recommended-P. AUG. 2.1 1978</u> ..... 19 ..... Registrar			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) <u>Aug 12<sup>th</sup> 1916</u> (27) Filed <u>Aug 12<sup>th</sup> 1916</u> (28) <u>W. E. Pale</u> 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.					