

## (1) PLACE OF BIRTH

County of Cherokee

Township of .....

Inc. Town of .....

City of Safford

(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

88873

Registration District No. 100Registered No. 67

(For use of Local Registrar)

(No. 100 1/2 Robinson St.; ..... Ward)(2) Full Name of Child James Floyd Kelly, Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 4, 1916 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Floyd Kelly(9) PRESENT POSTOFFICE OF FATHER Safford, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Charlotte, N.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss H. Humphreys(15) PRESENT POSTOFFICE OF MOTHER Safford, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Cleveland, G. D.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James H. Humphreys, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Safford, S.C.

Given name added from a supplemental report

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

(27) Filed 12/6/16 (28) M. J. A. Smith 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.

NEVER RE-USE THIS BLANK. 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 5.

McCaig, of Columbia.

FILED