

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.

State of Columbia.

(1) PLACE OF BIRTH
 County of Sumter
 Township of
 or
 Inc. Town of Registration District No. 41A Registered No. 148
 or
 City of Sumter (No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

File No.—For State Registrar Only
74851

(2) Full Name of Child Julia Olga Kelley } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 10, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Pinkney Kelley
 (9) PRESENT POSTOFFICE OF FATHER Fayetteville, N.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Hendersonville, N.C.
 (13) OCCUPATION Southern Exp. Co. office.
 (20) Number of children born to mother, including present birth } one

MOTHER.
 (14) NAME BEFORE MARRIAGE Sarah Emma Griffin
 (15) PRESENT POSTOFFICE OF MOTHER Fayetteville, N.C. (Change)
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Columbia, S.C.
 (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 born alive, at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. P. Coleman, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter S. C.

Given name added from a supplemental report
 191.....
 Registrar

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

(27) Filed Sept 9, 1916 (28) W. J. McKoy 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.