

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.

Caw. of Columbia.

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofor
City of Sumter

(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

74851

Registration District No. 41A Registered No. 148

(For use of Local Registrar)

(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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug. 15, 1916
(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. (Cherokee)

(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 (25) Address of Physician or Midwife

PhysicianSumter S. C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

W. J. McKoy(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.