

(1) PLACE OF BIRTH

County of Richland

Township of

or Inc. Town of

or City of Columbia

(If birth occurs in a hospital or other institution, give name of same)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91513

Registration District No. 380Registered No. 1581

(For use of Local Registrar)

(No. A. H. Blayz Road)

St.: Ward)

(2) Full Name of Child Boley Kelly

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. B. Kelley(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Richland Co(13) OCCUPATION Salesman(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Lewis(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Lexington Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Kelley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/18/1916

(28)

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.