

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**45127**

(1) PLACE OF BIRTH  
 County of Robeson  
 Township of Durham West  
 OR  
 Inc. Town of ..... Registration District No. 126 Registered No. 4  
 OR  
 City of ..... (No. .... Sl.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Robert H. M. C. Kelsoy } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 13, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Wesley M. C. Kelsoy</u>			(14) NAME BEFORE MARRIAGE <u>Marie Taylor</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Durham West S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>	
(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>W.B. Co.</u>			(18) BIRTHPLACE	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Fried hand</u>	
(20) Number of children born to mother, including present birth } <u>2</u>			(21) Number of children of this mother now living, including present birth } <u>2</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was B. alive at 6 a ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Taylor  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Durham 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)  
 (27) Filed Jan 20 1916 (28) J. C. Tribble, Jr.  
 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.

WRITE PLAINLY; WITH ONE WORD & ONE LINE—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.  
 McCaw, of Columbia