

(1) PLACE OF BIRTH

County of Richmond
 Township of West

Inc. Town of Registration District No. 126 Registered No. 4
 (For use of Local Registrar)
 City of (No. St.; 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. Kelvey { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 13, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley M. C. Kelvey

(9) PRESENT POSTOFFICE OF FATHER West S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35
 (Years)

(12) BIRTHPLACE Abbe Co.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Taylor

(15) PRESENT POSTOFFICE OF MOTHER West S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
 (Years)

(18) BIRTHPLACE Abbe Co.

(19) OCCUPATION Fried hand

(20) Number of children of this mother now living, including present birth { 2

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 (25) Address of Physician or Midwife

Midwife Dr. J. C. Tribble, Jr.

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 FOR EACH CHILD, AND MARK THE
 N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, in question 5.
 McCaw, of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

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