

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

File No. — For State Registrar Only  
**84253**

(1) PLACE OF BIRTH  
County of *Anderson*  
Township of *Park*

Inc. Town of ..... Registration District No. *305* Registered No. *112*  
(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. .... *Lois McKelley* ... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *X* (5) Number in order of birth *1* (6) Are Parents *yes* Married? (7) DATE OF BIRTH *Nov. 16*, 19*16*  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *Florence McKelley*

(9) PRESENT POSTOFFICE OF FATHER *Townville S.C.*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *42* (Years)

(12) BIRTHPLACE *H. Hart Co. Ga.*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth } *11*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Mary J. Brockman*

(15) PRESENT POSTOFFICE OF MOTHER *Townville S.C.*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *31* (Years)

(18) BIRTHPLACE *Greenville, Co. S.C.*

(19) OCCUPATION *Kitchen Maid*

(21) Number of children of this mother now living, including present birth } *11*

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

(22) I hereby certify that I attended the birth of this child, who was *born alive* at ..... *11* ..... *P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Eate Earl*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Townville, S.C.*

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

(26) Witness *C. Phelia Marcus*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled *Nov 29* 191*6*. (28) *R. H. McLaughlin*  
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.

WELPHE FLANKLY. WITH UNFADING INK.—THIS IS A PRELIMINARY 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