

(1) PLACE OF BIRTH

County of *Anderson*Township of *Park*

Inc. Town of

City of

(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

84253

Registration District No. *305* Registered No. *112*

(For use of Local Registrar)

(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 Married? *yes* (7) DATE OF BIRTH *Nov. 16* 19*16*
(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 *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 *4*

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. (Hour A. M. or P. M.)(23) (Signature) *Gate 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) Filed *Nov 28* 191*6* (28) *R. H. McCalister* 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.