

WRITE PLAINLY, WITH UNFADING INK—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.

N. B. McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Greenville  
Township of Collinsville  
or  
Inc. Town of .....  
or  
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  
**45800**

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be governed only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 11, 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>William Henry Kelly</u>			(14) NAME BEFORE MARRIAGE <u>Mary Jane Livingston</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville Co.</u>			(18) BIRTHPLACE <u>Richmond Co. N.C.</u>	
(13) OCCUPATION <u>Physician</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>six</u>			(21) Number of children of this mother now living, including present birth <u>five</u>	

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

(22) I hereby certify that I attended the birth of this child, who was born alive at 5- P. M., on the date above stated. Hour A. M. or P. M.

(23) (Signature) Court S. ...  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 18, 1916 (28) J. A. Davis  
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.

Registrar

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