

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.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Coll. Hill
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 11, 1916
To be governed only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Henry Kelly
 (9) PRESENT POSTOFFICE OF FATHER Greterfield S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Greterfield Co.
 (13) OCCUPATION Physician
 (20) Number of children born to mother, including present birth six

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Jane Livingston
 (15) PRESENT POSTOFFICE OF MOTHER Greterfield S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Richmond Co. N.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth five

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. (Born alive or stillborn) (Hour A. M. or P. M.)

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

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