

(1) PLACE OF BIRTH

County of Orangeburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Cowpens State Board of Health

File No.—For State Registrar Only

47032

Inc. Town of Registration District No. 3602 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 Theodore Kelly { 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. 16, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Iris Kelly
 (9) PRESENT POSTOFFICE OF FATHER Bowman Sc.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
 (Years)

(12) BIRTHPLACE Ortg. Co.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie

(15) PRESENT POSTOFFICE OF MOTHER Bowman

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (Years)

(18) BIRTHPLACE Ortg. Co.

(19) OCCUPATION Domestic

(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 Alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Beliana Kelly

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Bowman Sc.

Given name added from a supplemental report

(26) Witness Mrs. W. H. Patrick

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

(27) Filed 1/22/16 (28) W. H. Patrick 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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