

16 093402

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH				Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Clarendon</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		00279	
Township of <u>Paxville</u>		State Board of Health		Registration District No. <u>1315</u>		Registered No. <u> </u>	
Inc. Town of <u>Paxville</u>		City of <u>Paxville</u>		St. <u> </u>		Ward <u> </u>	
2. FULL NAME OF CHILD <u>Thomas DuPont Keels</u>				If child is not yet named, make supplemental report as directed.			
3. Boy or Girl <u>Boy</u>	If Plural births <u> </u>	4. Twin, triplet, or other <u> </u>	5. Number, in order of birth <u>3</u>	6. Premature <u> </u>	7. Are Parents Married? <u> </u>	8. Date of birth <u>July 25</u>	19 <u>16</u>
9. Full name of FATHER <u>Washington Reynolds Keels</u>				18. Name before marriage of MOTHER <u>Annie Belle DuPont</u>			
10. Residence (mailing address) <u>Paxville, S.C.</u>				19. Residence (mailing address) <u>Paxville, S.C.</u>			
11. Color or race <u>white</u>				20. Color or race <u>white</u>			
12. Age at last birthday <u>5-2</u> (Years)				21. Age at last birthday <u>5-5</u> (Years)			
13. Birthplace (city or place) <u>Paxville, S.C.</u>				22. Birthplace (city or place) <u>Cellist, S.C.</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Planter</u>				23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>house work</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u> </u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u> </u>			
16. Date (month and year) last engaged in this work <u> </u>				25. Date (month and year) last engaged in this work <u> </u>			
17. Total time (years) spent in this work <u> </u>				26. Total time (years) spent in this work <u> </u>			
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>4</u>				(b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>			
28. If stillborn, period of gestation: <u> </u> months <u> </u> weeks				29. Cause of stillbirth <u> </u>			
Specify any physical deformities of child at birth <u>none</u>							
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>alive</u> on the date above stated.							
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)							
(Signed) <u>W. J. Hunter</u> M.D.							
or <u> </u> Midwife							
Address <u>Paxville, S.C.</u>							
Filed <u>9/9/11</u> , 19 <u>11</u> M.B. Woodward, M.D.							
Registrar.							