

16 093402

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E.—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		00279	
Township of.....		Bureau of Vital Statistics		Registered No.....	
or		State Board of Health		(For use of Local Registrar)	
Inc. Town of <u>Payville</u>		Registration District No. <u>1315</u>		St.;.....Ward)	
or		(No. St.;.....Ward)		If child is not yet named, make	
City of.....		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		supplemental report as directed.	
2. FULL NAME OF CHILD <u>Thomas Dupont Keels</u>					
3. Boy or Girl	If Plural births	4. Twin, triplet, or other.....	6. Premature.....	7. Are Parents Married?.....	8. Date of birth..... 19..
<u>Boy</u>		5. Number, in order of birth <u>3</u>	Full term.....		<u>July 25</u> , 19.. <u>16</u> (Month, day, year)
9. Full name of FATHER <u>Washington Reynolds Keels</u>			18. Name before marriage MOTHER <u>Annie Belle Dupont</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Payville, S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Payville, S.C.</u>		
11. Color or race <u>white</u>		12. Age at last birthday <u>5-2</u> (Years)		20. Color or race <u>white</u>	
13. Birthplace (city or place) (State or country) <u>Payville S.C.</u>		21. Age at last birthday <u>5-5</u> (Years)		22. Birthplace (city or place) (State or country) <u>Cellist, S.C. Bell Co.</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.....			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....		
16. Date (month and year) last engaged in this work..... 19.....		17. Total time (years) spent in this work.....		25. Date (month and year) last engaged in this work..... 19.....	
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..... months weeks		29. Cause of stillbirth.....		Before labor.....	
				During labor.....	
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> at <u>7:00</u> am on the date above stated. (Born alive or stillborn)					
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)			(Signed) <u>W. Hunter</u> M.D.		
Given name added from a supplemental report.....			or..... Midwife		
(Date of).....			Address <u>Payville S.C.</u>		
Registrar.....			Filed <u>9/9/41</u> , 19..... <u>M.B. Woodward</u> M.D. Registrar.		