

Form No. 1

(1) PLACE OF BIRTH

County of CalhounTownship of Pinella

or

Int. Town of.....

or

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 800 Registered No. 111

(For use of Local Registrar)

(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 Israel Keith

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 17, 22</u> (Name) (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lisa Person(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Smithsboro, N.C.(13) OCCUPATION Farm Work(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rera Keith(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Smithsboro, N.C.(19) OCCUPATION Farm Work(21) 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 8:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca T. Tucker(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Give name added from a supplemental report

(26) Witness AT R. O. B.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 24, 1922 (28) AT R. O. B.
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return before the fifth month of pregnancy.

If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths.