

Form No. 1.

## (1) PLACE OF BIRTH

County of Barnwell  
Township of Blackvilleor  
Inc. Town of \_\_\_\_\_City of \_\_\_\_\_  
(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

-For State Registrar Only

File No. 4348122Registration District No. 504Registered No. 8 Registrar  
(For use of Local Registrar)(2) Full Name of Child. Ella Keane

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

(3) <del>Boy</del> or GIRL? <u>Girl</u>	(4) <del>Two</del> or Triple? <u>One</u>	(5) Number in order of birth <u>1</u> <small>(To be answered only in case of twins or triplets)</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER		MOTHER	
(8) FULL NAME <u>Eugene Keane</u>	(14) NAME BEFORE MARRIAGE <u>Buelah Annum</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Blackville, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blackville, S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farm Laborer</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>Two</u>	(22) Number of children of this mother now living, including present birth <u>Two</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella Keane  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blackville

Given name added from a supplemental report

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

(27) Filed Feb. 1916 (28) C. B. Hammond 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.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE M. M.—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. McCaw, of Columbia.