

(1) PLACE OF BIRTH

County of Spartanburg
Township of Shiloh
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
79490

Registration District No. 4107 Registered No. 90
(For use of Local Registrar)

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 Ann M. C. Keels } If child is not yet named, make supplemental report as directed

(4) BOY OR GIRL? Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 4 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME A. Thompson Keels
(9) PRESENT POSTOFFICE OF FATHER Shiloh S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Spartanburg Co.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Ella K. Burgess
(15) PRESENT POSTOFFICE OF MOTHER Shiloh S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Clarendon Co.
(19) OCCUPATION Housekeeping
(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 born alive M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.
(23) (Signature) J. W. D. ... M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report 1916 Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) A. B. McEwen
(27) Filed 9-9 1916 (28) A. B. McEwen 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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COLUMBIA OF COLUMBIA