

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Exchange

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19734

Registration District No. 3613 Registered No. 64

(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 Elizabeth Keith

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 25 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Herbert Keith

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25 (Years)

(12) BIRTHPLACE

Orangeburg, Co

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Cutley

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Orangeburg, Co

(19) OCCUPATION

House Wife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sara L. Trautman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Orangeburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filled

June 30 1922

(28)

S. L. Fairley

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

N. R.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No 1 THIS CHILD. No 2, etc. In question 5