

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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

County of Aiken  
 Township of Millerwork  
 or  
 Inc. Town of Montmorenci  
 or  
 City of Montmorenci  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Registration District No. 207

FILE No.—For State Registrar Only  
00225

Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

# 2. FULL NAME OF CHILD

3. Boy or Girl Girl  
 If Plural Births \_\_\_\_\_  
 4. Twin, triplet or other \_\_\_\_\_  
 5. Number, in order of birth \_\_\_\_\_

6. Premature \_\_\_\_\_  
 Full term ✓  
 7. Are Parents Married? yes

8. Date of birth May 27, 1946  
 (Month, day, year)

9. Full name of FATHER James Hiram Keel

10. Residence (mailing address) Montmorenci SC  
 (If non-resident, give place and state)

11. Color or race white  
 12. Age at child's birth 26 (years)

13. Birthplace (city or town, State or country) Montmorenci Aiken SC

14. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rural Letter Carrier

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Post Office

16. Date (month and year) last engaged in this work May 26, 1946

17. Total time (years) spent in this work 4

18. Name before marriage of MOTHER Lillie Irene Wright

19. Residence (mailing address) Montmorenci SC  
 (If non-resident, give place and state)

20. Color or race white  
 21. Age at child's birth 25 (years)

22. Birthplace (city or town, State or country) Montmorenci Aiken SC

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_

26. Total time (years) spent in this work 6

27. Number of children of this mother (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks  
 29. Cause of stillbirth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Alive at 8 A.m. 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) James A. Keel, Parent  
 or \_\_\_\_\_, Guardian

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_  
 Address Montmorenci SC

Filed 2/17/42, 19 M. B. Woodward, M. D.  
 Registrar.