

16 092853

Standard Certificate of Birth

FILE No.—For State Registrar Only

00225

1. PLACE OF BIRTH

County of AikenTownship of Millerworkor
Inc. Town of _____or Montmorenci
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

STATE OF SOUTH CAROLINA

Registration District No. 207Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

3. Boy or Girl Girl

4. Twin, triplet or other _____

5. Number, in order of birth _____

6. Premature _____

7. Are Parents Married? yes8. Date of birth May 27, 1946
(Month, day, year)9. Full name James Hiram Keel10. Residence (mailing address) Montmorenci SC
(If non-resident, give place and state)11. Color or race white12. Age at child's birth 26 (years)13. Birthplace (city or place) Montmorenci Aiken SC
(State or country)14. Trade, profession, or particular kind of work done, as printer, sawyer, bookkeeper, etc. Rural Letter Carrier15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. PO Department16. Date (month and year) last engaged in this work May 26, 194617. Total time (years) spent in this work 418. Name before marriage Lillie Irene Wright19. Residence (mailing address) Montmorenci SC
(If non-resident, give place and state)20. Color or race white21. Age at child's birth 25 (years)22. Birthplace (city or place) Montmorenci Aiken SC
(State or country)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 627. Number of children of this mother (At time of birth and including this child) (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. }

Given name added from _____
a supplementary report _____ (Date of) _____(Signed) James A. Keel, Parent
or _____, Guardian
Address Montmorenci SC
Filed 2/17/42, 19 M. B. Woodward, M. D.
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
each, in order of birth, stated.
s. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of

(See instructions on Back of Certificate.)