

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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

(1) PLACE OF BIRTH

County of Anderson
Township of
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
20820

Registration District No.

Registered No. 246
(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 Francis Keith Leroy If child is not yet named, make supplemental report as directed

3 SEX OR CHILD?	4 Twin or Triplet?	5 Number in order of birth	6 Are Parents Married?	7 DATE OF BIRTH
<u>Boy</u>	<u>Twin</u>	<u>1</u>	<u>Yes</u>	<u>July 2, 1927</u> (Name) (Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Frank Keith Leroy</u>			9 NAME BEFORE MARRIAGE <u>John C. Leroy</u>	
10 PRESENT POSTOFFICE OF FATHER <u>Anderson</u>			11 PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>	
12 COLOR OR RACE <u>White</u>			13 AGE AT LAST BIRTHDAY <u>42</u> (Years)	
14 BIRTHPLACE <u>S.C.</u>			15 COLOR OR RACE <u>White</u>	
16 OCCUPATION <u>Farmer</u>			17 AGE AT LAST BIRTHDAY <u>38</u> (Years)	
18 Number of children born to mother, including present birth <u>4</u>			19 BIRTHPLACE <u>S.C.</u>	
			20 OCCUPATION <u>Farmer</u>	
			21 Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:45 P.M.,
on the date above stated. (Born alive or stillborn Hour A.M. or P.M.)

(23) (Signature) O. B. ...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed July 25, 1927 (28) ANDERSON, S.C.

*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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