

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

(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

Ruth Keys

(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 Twin or Triplet

(5) Number in order of birth

1st

(6) Are Parents Married

yes

(7) DATE OF

BIRTH May 19 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Hewart Keys

(9) PRESENT POSTOFFICE OF FATHER

Starr S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

Anderson Co.

(13) OCCUPATION

Farmer

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Keys

(15) PRESENT POSTOFFICE OF MOTHER

Starr S.C.

(16) COLOR OR RACE

Co

(17) AGE AT LAST BIRTHDAY

29

(18) BIRTHPLACE

Abbeville Co

(19) OCCUPATION

Farmer

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1036 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Fannie S. Hight

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Starr S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

June 9 23

(28) Local Registrar

Marge Lodel

19

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.