

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

(1) PLACE OF BIRTH

County of Anderson
Township of Pendleton
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

3069

Registration District No. 310 Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child Cristopher Keasler

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Feb. 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Arthur Keasler
(9) PRESENT POSTOFFICE OF FATHER Pendleton #3
(10) COLOR OR RACE Nullation (11) AGE AT LAST BIRTHDAY 48 (Years)
(12) BIRTHPLACE Pendleton Township
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1 6

MOTHER.

(14) NAME BEFORE MARRIAGE Cella Haigood
(15) PRESENT POSTOFFICE OF MOTHER Pendleton #3
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE Pendleton Township
(19) OCCUPATION House Keeper
(21) Number of children of this mother now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... Feb. 6..... at 3..... PM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olara Williams
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pendleton

Given name added from a supplemental report

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

(27) Filed Mar. 16 1922 (28) H. W. Leavitt 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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.