

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.
MCC, MEDICAL COLLEGE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Abbeville
Township of Long Pine
or
Inc. Town of.....
or
City of..... (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
24414

Registration District No. 107... Registered No. 37...
(For use of Local Registrar)

(2) Full Name of Child John Calhoun Key (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 5, 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
8) FULL NAME <u>William Francis Key</u>			14) NAME BEFORE MARRIAGE <u>Ollie Shoop</u>	
9) PRESENT POSTOFFICE OF FATHER <u>R. F. #2 Abbeville SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>R. F. #2 Abbeville SC</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
12) BIRTHPLACE <u>Abbeville County SC</u>			18) BIRTHPLACE <u>Abbeville County SC</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>House wife</u>	
20) Number of children born to mother, including present birth <u>Three</u>			21) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:50 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) W. H. Fowler
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville SC

Given name added from a supplemental report

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

(27) Filed Aug 11, 1922 (28) E. K. Miller 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.

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