

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Ellen

Inc. Town of.....

City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leanne Keatley

File No.—For State Registrar Only

196734

Registration District No. 3605 Registered No. 51  
(For use of Local Registrar)

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

## FATHER.

(8) FULL NAME Robert Philip Keatley(9) PRESENT POSTOFFICE OF FATHER Leane O.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE Leane O.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lee Douglas(15) PRESENT POSTOFFICE OF MOTHER Leane O.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
(Years)(18) BIRTHPLACE Orangeburg O.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Green MD(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Leane O.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 15, 1922 (28) J. J. Green 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.