

(1) PLACE OF BIRTH

County of LumpkinTownship of Lumpkinor Inc. Town of LumpkinCity of Lumpkin

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50634

Registration District No. 4204 Registered No. 17

(For use of Local Registrar)

St. 15 Ward 8

(2) Full Name of Child

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

(3) BOY OR GIRL Boy

(4) Twin or triplet?

to be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Feb. 5, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Antoneo Keshulsa

(9) PRESENT POSTOFFICE OF FATHER

Lumpkin, S.C.(10) COLOR OR RACE N(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE

Greece

(13) OCCUPATION

Merchant

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

5

(14) NAME BEFORE MARRIAGE

Janita Prakes

(15) PRESENT POSTOFFICE OF MOTHER

Lumpkin, S.C.(16) COLOR OR RACE N(17) AGE AT LAST BIRTHDAY 37
(Years)

(18) BIRTHPLACE

Greece

(19) OCCUPATION

Housewife

(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 born alive (Born alive or stillborn) (Hour, M. or P. M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 13, 1916(28) J. G. Sarra Local Registrar

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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FORM NO. 2. MEDICAL EXAMINATION AND BIRTH RECORD. WHEN PLAINLY, WITH UNFOLDING LINE—THIS IS A PERMANENT RECORD. FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.