

MARGIN RESERVE FOR BINDING.  
 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.

(1) PLACE OF BIRTH

County of Orangelenburg  
 Township of Oranges  
 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  
16236

Registration District No. 3613 Registered No. 50  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Viola Keith  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in "order of birth" 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 11, 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME James Keith  
 (9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 33  
 (12) BIRTHPLACE Orangelenburg, S.C.  
 (13) OCCUPATION Farm Help  
 (20) Number of children born to mother, including present birth 6

MOTHER.  
 (14) NAME BEFORE MARRIAGE Sophia Ammons  
 (15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30  
 (18) BIRTHPLACE Orangelenburg Co.  
 (19) OCCUPATION Farm Help  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) I. A. Brown  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, 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 May 2, 1922 (28) A. J. Farley  
 Registrar 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.

(27) Filed June 8, 1922 (28) W. A. Waring  
 Registrar 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.

RECEIVED OF COLUMBIA, S. C.