

FORM NO. 10. MARGIN RESERVED 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 McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Lancaster
Township of Cane Creek
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
64978

Registration District No. 2801 Registered No. 59
(For use of Local Registrar)

(2) Full Name of Child Maggie Keey { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? single (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mitchel Keey
(9) PRESENT POSTOFFICE OF FATHER Lancaster SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Lancaster SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mag Trusdal
(15) PRESENT POSTOFFICE OF MOTHER Lancaster SC
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Lancaster SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Allen
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Mid wife Lancaster SC

Given name added from a supplemental report

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

(27) Filed June 17 1916 (28) W. W. Draffain 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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