

(1) PLACE OF BIRTH

County of Dorchester
 Township of Northville
 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
18325

Registration District No. 1502 Registered No. 51
 (For use of Local Registrar)

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

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

3. BOY 62 GIRL 1 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH June 1 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 8. FULL NAME L. G. Keith
 9. PRESENT POSTOFFICE OF FATHER Northville, S.C.
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 35
 (Years)
 12. BIRTHPLACE Florence Co. S.C.
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth 6

MOTHER.
 14. NAME BEFORE MARRIAGE Minnie Gilbert
 15. PRESENT POSTOFFICE OF MOTHER Northville, S.C.
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 29
 (Years)
 18. BIRTHPLACE Dorchester Co. S.C.
 19. OCCUPATION House wife
 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 at 11:30 P.M. on the date above stated. (Born alive or stillborn. (Hour, M. or P. M.))

(23) (Signature) S. Beckham(24) State whether Physician or Midwife(25) Address of Physician or Midwife Northville 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 July 10 1922 (28) W. J. M. Kager 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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