

(1) PLACE OF BIRTH

County of Fairfield
 Township of Shadwell
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. — For State Registrar Only
28205

Registration District No. 1902 Registered No. 18
 (For use of Local Registrar)

City of (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 Helene Dye Keistler If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 0 (7) DATE OF BIRTH Sept 5 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Wm S. Keistler
 (9) PRESENT POSTOFFICE OF FATHER Blackstock SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
 (12) BIRTHPLACE Fairfield Co SC
 (13) OCCUPATION Planter & Merchant
 (14) Number of children born to mother, including present birth 1

MOTHER
 (15) NAME BEFORE MARRIAGE Emmie Dye
 (16) PRESENT POSTOFFICE OF MOTHER Blackstock SC
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 39
 (19) BIRTHPLACE Chester Co SC
 (20) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. McLean

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife East Fairfield

Given name added from a supplemental report

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

(27) Filed Sept 12 23 (28) Mrs L. F. Keistler 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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