

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

In. Town of .....

City of .....

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

(2) Full Name of Child Fred Keys Jr

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

(3) SEX OR CHILD Boy (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married yes (7) DATE OF BIRTH Feb 1 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Fred Keys(9) PRESENT POSTOFFICE OF FATHER Greenville SC(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE And. Co.(13) OCCUPATION Tailor(14) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Azile Williams(15) PRESENT POSTOFFICE OF MOTHER Anderson SC(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE And Co.(19) OCCUPATION domestic(20) Number of children of this mother now living, including present birth 1 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Born alive at 3 a M., on the date above stated. (Born alive or stillborn: Hour M. or P. M.)(22) (Signature) Raymond M. J.

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary when question 23 is signed) GRAYTON(27) Filed 19 (28) ANDERSON

\*When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.