

(1) PLACE  
County of Anderson  
Township of Hopewell  
or  
Inc. Town of  
or  
City of (No. (St.; (Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

71290

Registration District No. 308 Registered No. 28  
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 7 1914  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Tillman Kay

(9) PRESENT POSTOFFICE OF FATHER Bitton S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Anderson Co - S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Velma Keitt

(15) PRESENT POSTOFFICE OF MOTHER Bitton S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Anderson Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) L. L. Kingston M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Williamston 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 Sept 9 1914 (28) T. M. Vandiver 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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