

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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

File No. -- For State Registrar Only
 87757

(1) PLACE OF BIRTH
 County of 20.000. Bang
 Township of T. 4. N. 1. E.
 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.)

(2) Full Name of Child Harriet Keely 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? No (7) DATE OF BIRTH Nov. 10, 1916
 (Name of Month) (Day) (Year)

FATHER. **MOTHER.**

(8) FULL NAME Illegitimate (Bancroft) (14) NAME BEFORE MARRIAGE Emma Keely
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.
 (10) COLOR OR RACE Black (16) AGE AT LAST BIRTHDAY 24 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 18
 (12) BIRTHPLACE 20.000. Bang, S.C. (19) BIRTHPLACE 20.000. Bang, S.C.
 (13) OCCUPATION Harriet Keely (20) OCCUPATION Labourer
 (20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 11.0 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Glenn Keely (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report
 19... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Edna Taylor
 (27) Filed Nov 12th 1916 (28) 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.