

SEE PAGE EACH CHILD, and mark the
BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of A. Greenville
Township of Wagner
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

36918

Registration District No. 109

Registered No. 97
(For use of Local Registrar)

(No. 109 St. 97 Ward 10)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Amie McKeelough

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
To be answered only in event of Twin or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 20, 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jessie McKeelough

(9) PRESENT POSTOFFICE OF FATHER Int. Carmel S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
(Year)

(12) BIRTHPLACE Augusta Ga.

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Sallie Brown

(15) PRESENT POSTOFFICE OF MOTHER Int. Carmel S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
(Year)

(18) BIRTHPLACE A. Greenville S.C.

(19) OCCUPATION Domestic

(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 10 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sara Haskell

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Int. Carmel S.C.

Given name added from a supplemental report

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

19 22 Registrar

(27) Filed Dec. 3, 1922 (28) H. H. Vance 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.