

(1) PLACE OF BIRTH

County of AikenTownship of Straigor
Inc. Town of Hanovervilleor
City of Milledgeville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28517

Registration District No. 204 Registered No. 68

(For use of Local Registrar)

St.; 143 Ward)(2) Full Name of Child Clarence Key

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

(3) <u>Boy or Girl?</u>	(4) <u>Twin or Triplet?</u> <small>To be answered only in event of Twins or Triplets</small>	(5) <u>Number in order of birth</u>	(6) <u>Are</u> <u>yes</u> <u>Parents Married?</u>	(7) <u>DATE OF BIRTH</u> <u>16 Sept</u> <u>1912</u> <small>(Name of Month) (Day) (Year)</small>
-------------------------	---	-------------------------------------	---	--

FATHER.

(8) <u>FULL NAME</u> <u>John Key</u>	(14) <u>NAME BEFORE MARRIAGE</u> <u>Jennie Lee Key</u>
(9) <u>PRESENT POSTOFFICE OF FATHER</u> <u>Hanoverville S.C.</u>	(15) <u>PRESENT POSTOFFICE OF MOTHER</u> <u>Hanoverville S.C.</u>
(10) <u>COLOR OR RACE</u> <u>White</u>	(16) <u>COLOR OR RACE</u> <u>White</u>
(11) <u>AGE AT LAST BIRTHDAY</u> <u>49</u> <u>(Years)</u>	(17) <u>AGE AT LAST BIRTHDAY</u> <u>30</u> <u>(Years)</u>
(12) <u>BIRTHPLACE</u> <u>Aiken Co.</u>	(18) <u>BIRTHPLACE</u> <u>Aiken Co.</u>
(13) <u>OCCUPATION</u> <u>operator</u>	(19) <u>OCCUPATION</u> <u>operator</u>
(20) <u>Number of children born to mother, including present birth</u> <u>3</u>	(21) <u>Number of children of this mother now living, including present birth</u> <u>2</u>

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Charles Livingston(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hanoverville

Given name added from a supplemental report

(26) Witness Bennie G. Johnson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 20 1912 (28) M. K. Turaball, R.S. & H.D.
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.