

(1) PLACE OF BIRTH

County of BeggarTownship of Ronech

Inc. Town of

City of

(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

69661

Registration District No. 35Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child

Keller

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

(3) ~~BOY~~ GIRL? (4) Twin or Triplet? X (5) Number in order of birth 8 (6) Are Parents Married? Y (7) DATE OF BIRTH July 1 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Ross Keller(9) PRESENT POSTOFFICE OF FATHER Beggar, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE In Anderson Co., S.C.(13) OCCUPATION Physician(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Smith(15) PRESENT POSTOFFICE OF MOTHER Beggar, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE In Beggar Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at Beggar, S.C. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M. 2 P.M.(23) (Signature) J. B. Keller(24) State whether Physician or Midwife (25) Address of Physician or Midwife Beggar, S.C.Physician

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) FILED July 3 1906 (28) J. B. Keller 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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