

(1) PLACE OF BIRTH

County of

Township of

or Inc. Town of

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 A

(No.)

File No. - For State Registrar Only

10370

558

Registered No. (For use of Local Registrar)

St.

Ward

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

(2) Full Name of Child

Saba Myrtle Keith

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

✓

(5) Number in order of birth

1

(6) Are Parent Married

✓

(7) DATE OF BIRTH

April 19

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Wm Elmer Keith

(9) PRESENT POSTOFFICE OF FATHER

Charleston SC

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Greenville SC Ill

(13) OCCUPATION

Car Reframer

(14) NAME BEFORE MARRIAGE

Ethel Julia Edwards

(15) PRESENT POSTOFFICE OF MOTHER

Charleston SC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Charleston SC

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 12:20 P.M. on the date above stated.

(23) (Signature) Physician or Midwife

(24) State where Physician or Midwife

South Carolina

(25) Address of Physician or Midwife

277 Calhoun St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

4/18 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.