

Form No. 1

(1) PLACE OF BIRTH
 County of Oconee
 Township of Seneca
 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.)

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

File No. — For State Registrar Only
86797

Registration District No. 3504 Registered No. 134
 (For use of Local Registrar)

(2) Full Name of Child Keyston Wilson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (5) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 25 '16
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Leroy Wilson
 (9) PRESENT POSTOFFICE OF FATHER Seneca S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 17 (Years)
 (12) BIRTHPLACE Anderson S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Effie Roach
 (15) PRESENT POSTOFFICE OF MOTHER Seneca S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Oconee S.C.
 (19) OCCUPATION Cotton Mill Oper
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive, at at 12 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. (or P. M.))

(23) (Signature) Mrs. Mary Graham (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife

Given name added from a supplemental report 191.....
 (26) Witness J. H. Roach
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov. 1, 1916 (28) J. E. Hopkins
 Registrar 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.

WRITE MAINLY, 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.
 LAW OF COLUMBIA

L M