

## (1) PLACE OF BIRTH

County of DillonTownship of Frederickor  
Inc. Town of .....or  
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

17408

Registration District No. 160? Registered No. 71  
(For use of Local Registrar)(2) Full Name of Child Jallie Mae Keeth If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH June 18 73  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ruben Keeth(9) PRESENT POSTOFFICE OF FATHER Little Rock S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37  
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Eunice Keeth(15) PRESENT POSTOFFICE OF MOTHER Little Rock S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 56  
(Year)(18) BIRTHPLACE SC(19) OCCUPATION Janitor(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margella M. Neal (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Little Rock S.C.

Given name added from a supplemental report

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

(27) Date June 20 73 (28) Local Registrar P. Hardy M.C.

\*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.