

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

2854

Registration District No.

Registered No.  
(For use of Local Registrar)

(No.)

St.;

Ward)

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

## (2) Full Name of Child

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet

✓

(5) Number in order of birth

1

(6) Are Parents Married

yes

(7) DATE OF

BIRTH

Sept 4, 1923.

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

James Kinchey Keltz

(9) NAME BEFORE MARRIAGE

Rene Collingfoyle

(10) PRESENT POSTOFFICE OF FATHER

Fountain Iny S.C.

(11) PRESENT POSTOFFICE OF MOTHER

Fountain Iny S.C.

(12) COLOR OR RACE

white.

(13) AGE AT LAST BIRTHDAY

24.

(14) COLOR OR RACE

white.

(15) AGE AT LAST BIRTHDAY

24.

(16) BIRTHPLACE

S.C.

(17) BIRTHPLACE

S.C.

(18) OCCUPATION

farmer.

(19) OCCUPATION

house.

(20) Number of children born to mother, including present birth

1

(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 12 o'clock A.M.

on the date above stated.

(23) (Signature)

J. A. Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

St Louis S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Signed

19

(28)

Local Registrar.

19  
Registrar

If 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.