

(1) PLACE OF BIRTH

County of AndersonTownship of Hanna Pathor
Inc. Town ofor
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

48017

Registration District No. 307 Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child George William Key } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth 2nd (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 22, 1914

(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME Edgar W. Key(6) PRESENT POSTOFFICE OF FATHER Hanna Path S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Elizabeth Mitchell(15) PRESENT POSTOFFICE OF MOTHER Hanna Path(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION House Keeping(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 5 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) N. M. Kable

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Hanna Path S.C.

Given name added from a supplemental report

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

(27) Filed Feb 23, 1914 (28) L. A. Williams 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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MAJESTIC REPRODUCED FROM THE ORIGINAL. THIS IS A PHOTOCOPY OF THE ORIGINAL. 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.

FORM NO. 4.

WHEN FILLING IN, WITH UNFADING INK—THIS IS A PHOTOCOPY OF THE ORIGINAL. 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.

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