

(1) PLACE OF BIRTH

County of Greenville
Township of O'Neal

or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
64598

Registration District No. 2213 Registered No. 41
(For use of Local Registrar)

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

(2) Full Name of Child Lolyde Keeler } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No.</u> <small>to be answered only in case of Twins or Triplets.</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 15th 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME W.M. Keeler

(9) PRESENT POSTOFFICE OF FATHER Taylor S.C.R. #1

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Greenville Co S.C.

(13) OCCUPATION Farmer work

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Wade

(15) PRESENT POSTOFFICE OF MOTHER Taylor S.C.R. #1

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE Greenville Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J.S. James
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Taylor S.C.R. #1

Given name added from a supplemental report

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

(27) Filled July 8, 1916 (28) Albert W. Pines
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.

Registrar _____ Local Registrar _____

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STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, 1916. THIS IS A PRELIMINARY REPORT. THE STATE BOARD OF HEALTH HAS REVIEWED THIS REPORT AND HAS FOUND IT TO BE CORRECT. THE REGISTRAR HAS THEREFORE FILED THIS REPORT AND HAS ISSUED THIS CERTIFICATE OF BIRTH. THE REGISTRAR'S OFFICE IS AT COLUMBIA, SOUTH CAROLINA.