

(1) PLACE OF BIRTH

County of LexingtonTownship of Clintonor
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

43528

Registration District No. 3107Registered No. 107
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Frances Le Keisler

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? —

To be answered only in event of Twins or Triplets

(5) Number in order of birth 5(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 12 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wm Keisler(14) NAME BEFORE MARRIAGE Lizzie Taylor(9) PRESENT POSTOFFICE OF FATHER Richmond, S.C.(15) PRESENT POSTOFFICE OF MOTHER Richmond, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36
(Years)(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth Five(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. P. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Richmond, S.C.

Given name added from supplemental report

(26) Witness

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

(27) Filed 12-27-19(28) P. P. Smith 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.

(29) Filed 31-20-19 Local Registrar

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WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.