

NAMES RESERVED FOR INDEXING.
 STATE PLANTS: USE THE PLANT NUMBER IN A PARENTHESIS
 IN PLACE OF THE PLANT NAME. USE PLANT NAME FOR EACH
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 DEPARTMENT OF AGRICULTURE, COLUMBIA, D. C.

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

(1) PLACE OF BIRTH

Township of S. C. Adams

Inc. Town of.....

or
City of

Registration District No. 31

Registered No. 4

(For use of Local Registrar)

City of (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 Hettie Louilda Keys If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *h. e*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents: Yes

DATE ON

BIRTH Jan 15, 22

(Name of Month) (Day) (Year)

FATHER.

MOTHER

(8) FULL NAME McLellan

(14) NAME BEFORE MARRIAGE *Margie Frazier*

(9) PRESENT POSTOFFICE OF FATHER Stam, S. J. #1

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE *Cal.* (11) AGE AT LAST BIRTHDAY *28*

(16) COLOR OR *Blk* (17) AGE AT LAST BIRTHDAY *22*

12) BIRTHPLACE

181 BIRTHPLACE:

Anderson Co.

11. 1000 M. C.

13) OCCUPATION

(15) OCCUPATION _____

Farmer

James

20) Number of children born to mother, including present birth { 2 }

(21) Number of children of this mother now living, including present birth 1 One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

22) I hereby certify that I attended the birth of this child, who was Lowell at 60 M.
on the date above stated. M (Born alive or stillborn) (Home A, B, or C, D, E, F)

(23) (Signature) Jannie Shillet

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplement-
tal report

(20) Witness
(Signature of Witness necessary only)

when question 23 is signed by mark)

(37) Filed Feb. 9 1922 C. C. Ford

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.

before the 5th month of pregnancy.