

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Zimmerman

STATE OF SOUTH CAROLINA.

54018

Township of Hope

Bureau of Vital Statistics

State Board of Health

Inc. Town of .....

Registration District No. 4301 Registered No. 224

(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. Walter Keels

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 - (6) Are Parents Married? Y (7) DATE OF BIRTH July 16 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Walter Keels

(14) NAME BEFORE MARRIAGE Lois Williams

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY about 58 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY about 32 (Years)

(12) BIRTHPLACE Zimmerman, S.C.

(18) BIRTHPLACE Zimmerman, S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housework

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Siggie Bradshaw

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

Midwife Greenville, 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 July 17 1916 (28) E. O. Taylor 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.

MARGIN RESERVED FOR BINDING. WHERE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M.F.—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. Laws of Columbia