

## (1) PLACE OF BIRTH

County of GeorgetownTownship of N. 7

Inc. Town of .....

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

Registration District No. 2466File in this register only  
**28424**Registered No. 99  
(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Joseph Keeth

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

(1) SEX OR CHILD <u>Boy</u>	(2) Twin or Triplet To be answered only in case of Twin or Triplet	(3) Number in order of birth <u>1st</u>	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>Sept 29</u> 19 <u>23</u> (Month of Month) (Day) (Year)
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## FATHER

(6) FULL NAME George Keeth(7) PRESENT POSTOFFICE OF FATHER Murrells Inlet SC(8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 26 (Year)(10) BIRTHPLACE Woodstock Plantation N. 9(11) OCCUPATION Farming(12) Number of children born to mother, including present birth Three

## MOTHER

(13) NAME BEFORE MARRIAGE Mary Gaff(14) PRESENT POSTOFFICE OF MOTHER Murrells Inlet SC(15) COLOR OR RACE Black (16) AGE AT LAST BIRTHDAY 23 (Year)(17) BIRTHPLACE Murrells Inlet SC(18) OCCUPATION House Keeper(19) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Sept 29 1923 at 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Juliana Keeth

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Murrells Inlet, S.C.

Given name added from a supplemental report

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

(25) Filed Sept 29 1923 (26) Joe J. Vick Local Registrar