

(1) PLACE OF BIRTH

County of Edgefield
 Township of
 Inc. Town of Edgefield
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17489

Registration District No. 18.A Registered No. 31
 (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 J. W. Keet Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 30, 1923
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME J. W. Keet (14) NAME BEFORE MARRIAGE Keith Smith

(9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C. (15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
 (Year) (Year)

(12) BIRTHPLACE Georgia, U.S. (18) BIRTHPLACE Edgefield

(13) OCCUPATION Merchant (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. S. McNealson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgefield, 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 7/10/23 (28) A. S. McNealson 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.

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