

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of York STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of W. D. W. W. W. State Board of Health

Inc. Town of Registration District No. 3.114 Registered No. 2
(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.)

File No.—For State Registrar Only
46772

(2) Full Name of Child Robert H. Keith } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 20 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Timie Reynolds</u>	(14) NAME BEFORE MARRIAGE <u>Timie Reynolds</u>	(9) PRESENT POSTOFFICE OF FATHER <u>York</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>York</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>4</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>
(12) BIRTHPLACE <u>York</u>	(13) OCCUPATION <u>Householder</u>	(18) BIRTHPLACE <u>York</u>	(19) OCCUPATION <u>Householder</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

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

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed Jan 10 1916 (28) [Signature] 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.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.
 McCaw, of Columbia.