

County of Franklin
Township of Franklin
or
inc. Town of.....
or
City of

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

5362

Registration District No. 4412 Registered No. 20
(For use of Local Registrar)

City of Dallas (No. 12345 St. 1234 Ward 1234)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Kathie Steele ----- If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL <i>Girl</i>	Twin or Triplet? —	(3) Number in order of birth —	(4) Are Parents Married? <i>Yes</i>	(5) DATE OF BIRTH <i>Feb 20 1968</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME	Daniel Keels	(14) NAME BEFORE MARRIAGE	Bertine Gordon
(9) PRESENT POSTOFFICE OF FATHER	Shiloh, La.	(15) PRESENT POSTOFFICE OF MOTHER	Shiloh, La.
(16) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY	44	(17) AGE AT LAST BIRTHDAY	30
(12) BIRTHPLACE	Sumter Co	(18) BIRTHPLACE	Sumter Co
(13) OCCUPATION	Farming	(19) OCCUPATION	Homework
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 10 am on the date above stated. Born alive Stillborn Hour M. or P. M.

(26) (Signature) [Signature]
(24) State whether Physician or Midwife (26) Address of Physician or Midwife

(Given name added from a supplemental report)

(20) Witness
(Signature of Witness necessary only
when question 23 is signed) *[Signature]*

(27) Filed 2-13-20 Loc. 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.