

Form No. 1

(1) PLACE OF BIRTH

County of Calhoun
 Township of Ermine
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41162

Registration District No. 8.4.2 Registered No. 1.4.4
 (For use of Local Registrar)

(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 George Keith { 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 Dec. 15, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Keith
 (9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.
 (10) COLOR OR RACE Wegro (11) AGE AT LAST BIRTHDAY 31.....
 (Year)
 (12) BIRTHPLACE Calhoun Co
 (13) OCCUPATION Painter

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Kenneley
 (15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.
 (16) COLOR OR RACE Wegro (17) AGE AT LAST BIRTHDAY 21.....
 (Year)
 (18) BIRTHPLACE Calhoun Co
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1.8

(21) Number of children of this mother now living, including present birth 1.2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Mitchell
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 22, 1922 (28) W. J. Keller
 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 INDEXING. WRITE PLAINLY. IN CASE OF TWINNING, THE CHILDREN MUST BE REPORTED SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.