

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

File No.—For State Registrar Only

35377

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.;

Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

one

(5) Number in order of birth

2

To be answered only in event of Twin or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

July 16, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Julian R. Keisler

(9) PRESENT POSTOFFICE OF FATHER

Batesburg S.C. RFD No 1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

Livingston County

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Pearl Travis

(15) PRESENT POSTOFFICE OF MOTHER

Batesburg S.C. RFD No 1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

Livingston County

(19) OCCUPATION

House wife

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

2

(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.....at.....M., on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 6, 1922

(28) A. B. Daulton

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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