

Form No. 10. MARGIN REMOVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. M.D.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, &c., in question 8.

(1) PLACE OF BIRTH County of <u>Anderson</u> Township of <u>Bradley</u> or Inc. Town of or City of (No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <u>47973</u>	
Registration District No. <u>301</u>		Registered No. <u>16</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Jessie Keasler</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 1</u> , 191 <u>4</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jerry Keasler</u>			(14) NAME BEFORE MARRIAGE <u>Lidie Greer</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bellton 2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bellton 2</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>Anderson Co</u>			(18) BIRTHPLACE <u>Greenville Co</u>		
(13) OCCUPATION <u>farming</u>			(19) OCCUPATION <u>house wife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7</u> <u>th</u> <u>A.</u> <u>M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. Keasler</u>					
(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 <u>Mar 10</u> 191 <u>4</u> (28) <u>W. E. Campbell</u> 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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