

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

47978

County of Anderson

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Brookley

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.)

Registration District No. 301

Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Jessie Keeler

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

(3) SEX OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 7 1914
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Jerry Keeler

(14) NAME BEFORE MARRIAGE Lidie Greer

(9) PRESENT POSTOFFICE OF FATHER Betton 2

(15) PRESENT POSTOFFICE OF MOTHER Betton 2

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Anderson Co

(18) BIRTHPLACE Greenville Co

(13) OCCUPATION farming

(19) OCCUPATION house wife

(20) Number of children born to mother, including present birth 7

(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 born at Anderson (Hour A. M. or P. M.)

(23) (Signature) J. Keeler

(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 Mar 10 1914

(28) W. E. Campbell 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Form No. 10. MARGIN REMOVED FOR BINDING. WRITER PLEASE. WITH IMPADING 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. THIS OFFICE, No. 2, S. W. in question 8. S. C. of Columbia.