

MARGIN RESERVED FOR INDEXING. THIS IS A PERMANENT RECORD. WHITE PLAINLY, WITH UNFADING INK. - THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the N. B. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of

Shartland
Los Angeles

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

57622

Township of

or
Inc. Town of

or
City of

Registration District No. *4003*

Registered No. *21*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Adessa Keiser

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

April 24
(Name of Month) (Day) 191*1* (Year)

FATHER.

(8) FULL NAME

Levi Keiser

(9) PRESENT POSTOFFICE OF FATHER

Amaree & Co

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

Union Co. S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Effie Embanks

(15) PRESENT POSTOFFICE OF MOTHER

Amaree & Co.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Union Co. S.C.

(19) OCCUPATION

Domestic

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

10

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born* at *11:40 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *C. H. Hanna*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

No. 3
C. W. Miller
Deputy
191*6*
Registrar

(26) Witness

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

(27) Filed *May 3* 191*6*

(28) *C. H. Hanna*
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.

Registrar

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