

Form No. 1

(1) PLACE OF BIRTH

County of Catharine
 Township of Enoch's
 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

29116

Registration District No. 200Registered No. 139
(For use of Local Registrar)

City of (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 Bessie Keitt If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 17, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Keitt
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farm work
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Keitt
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthews
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farm work
 (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 alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lupia X Guignard
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

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

(27) Filed Sept. 18, 1922 (28) ARABA 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.

WRITE PLAINLY, WITH UNFADING 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. THE OTHER, No. 2, etc., in question 5.