

(1) PLACE OF BIRTH

County of Piedmont

Township of

or

Inc. Town of

or

City of Cousley

(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

8790

Registration District No. 37-a Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX—OR GIRLY <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth To be answered only in event of Twin or Triplet	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 16, 1922</u>
				(Name of Month) (Day) (Year)

(8) FULL NAME <u>Hence Keller</u>	FATHER
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(9) PRESENT POSTOFFICE OF FATHER <u>Cousley, S.C.</u>	
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(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>30(?)</u> (Year)
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(12) BIRTHPLACE <u>S.C.</u>	
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(13) OCCUPATION <u>Truck Driver</u>	
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(20) Number of children born to mother, including present birth <u>1, 2</u>	
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(14) NAME BEFORE MARRIAGE <u>Sallie Keller</u>	MOTHER
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(15) PRESENT POSTOFFICE OF MOTHER <u>Cousley, S.C.</u>	
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(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>(25?)</u> (Year)
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(18) BIRTHPLACE <u>S.C.</u>	
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(19) OCCUPATION <u>Domestic</u>	
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(21) Number of children of this mother now living, including present birth <u>1, 3(?)</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ... at... 5 ... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lora Keller

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cousley, S.C.

Given name added from a supplement-
al report

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

(27) Filed Mar 16, 1922 (28) E. H. Wyatt
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.