

McCAW OF COLUMBIA: COLUMBIA, N. C.

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

8790

Township of
or
Inc. Town of *E*
or
City of *Eastley*

Registration District No. 21-a Registered No. 47
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? <i>girl</i>				(4) Twin or Triplet? To be answered only in event of Twin or Triplet: 1. A. <i>no</i>				(5) Number in order of birth				(6) Are marks shaved? <i>yes</i>				(7) DATE OF BIRTH <i>Feb. 16, 1977</i> (Name of Month) (Day) (Year)			
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FATHER

(1) FULL NAME *Hence Keller*

(9) PRESENT POSTOFFICE OF FATHER *Ensley, D. C.*

(10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY *30 (?)*
(Years)

(12) BIRTHPLACE *D. C.*

(13) OCCUPATION *Trunk Finer*

10

MOTHER.

(14) NAME BEFORE MARRIAGE *Sallie Keller*

(15) PRESENT POSTOFFICE OF MOTHER *Easley, S. C.*

(16) COLOR OF HAIR *Blk.* (17) AGE AT LAST BIRTHDAY *25?* (Year) _____

(18) BIRTHPLACE *S. C.*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *3 (?)*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was alive at 1 M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lora Heller
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Castley, D. C.
Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)
19 Registrar (27) Filed Mar 16 1927 (28) E. J. Wyatt

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.