

Form No 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of 2000 Burg STATE OF SOUTH CAROLINA.Bureau of Vital Statistics
State Board of Health

54014

Township of 2000 Burgor
Inc. Town ofor
City ofRegistration District No. 301 Registered No. 229

(For use of Local Registrar)

(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 Leoline Keels { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? —(5) Number in order of birth —
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 24 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leoline Keels(9) PRESENT POSTOFFICE OF FATHER Raven & Co.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE 2000 Burg, S.C.(13) OCCUPATION Hotel waiter(16) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Oda Bradshaw(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE 2000 Burg, S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) O. J. Bradshaw(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

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

(27) Filed Mar 26 1913 (28) E. O. Taylor Local Registrar

Given name added from a supplemental report

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.

WHITE 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.
 Caw. of Columbia