

(1) PLACE OF BIRTH
 STATE OF SOUTH CAROLINA
 County of Anderson Bureau of Vital Statistics
 State Board of Health
 Township of Campobello
 or
 Inc. Town of Registration District No. 4001 Registered No. 11
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
50463

(2) Full Name of Child Phyllis Loretta Kern (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No.</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 17 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Keiser</u>	(14) NAME BEFORE MARRIAGE <u>Anna Jackson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Friszerville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Friszerville</u>			
(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>A. C.</u>		(18) BIRTHPLACE <u>A. C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born (born, live or stillborn) (Hour A. M. or P. M.)
 on the date above stated. (5 P. M.)
 (23) (Signature) H. H. Head
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Campobello

Given name added from a supplemental report
, 191...
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by male)
 (27) Mar 7 1916 (28) A. S. Burton 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 required of stillbirths before the fifth month of pregnancy.

..... fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH 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. McCall of Columbia. FORM NO. 10.