

Form No 1.

(1) PLACE OF BIRTH  
County of Wmstburg  
Township of Hopk  
Inc. Town of .....  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
BUREAU OF BIRTH RECORDS  
BUREAU OF VITAL STATISTICS  
STATE BOARD OF HEALTH

FILE NO.—FOR REGISTRY ONLY  
**50682**

Registration District No. 4501 Registered No. 201  
(For use of local health officer)

(2) Full Name of Child Lucy Keels

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? -

(5) Number in order of birth -

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 2, 1916  
(Month of Month Day Year)

**FATHER.**

(8) FULL NAME Lawrence Keels

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Wmstburg Co., S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth One

(14) NAME BEFORE MARRIAGE Vinnie Oliver

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Wmstburg Co., S.C.

(19) OCCUPATION Housewife

(21) Number of children of the 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 alive at 1 a.m. on the date above stated. (Born alive or stillborn) (Hour & M. of P. M.)

(23) (Signature) Rachel Bryant (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) Filed Feb 3, 1916 (28) E. O. Taylor

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
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.