

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of

or

Inc. Town of

or

City of Charleston S.C.

(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

41310

9 A

1969

Registration District No.

Registered No.

(For use of Local Registrar)

(No. St. Francis Xavier Academy St. Whitehead)2) Full Name of Child Margaret Keenan

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

(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet?

To be answered only in event of twins or triplets

(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEMr. Norman Keenan(9) PRESENT
POSTOFFICE
OF FATHERFlorence D.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY25
(Years)

(12) BIRTHPLACE

Charleston

(13) OCCUPATION

Seaman(14) Number of children born to
mother, including present birth{ 2 }

MOTHER.

(15) NAME BEFORE
MARRIAGEMiss Louise Semmer(16) PRESENT
POSTOFFICE
OF MOTHERFlorence D.C.(17) COLOR
OR
RACEWhite(18) AGE AT LAST
BIRTHDAY26
(Years)

(19) BIRTHPLACE

Charleston

(20) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth{ 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 9 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louis Semmer

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Given name added from a supplement
tal report

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When there was no attending physician or midwife, 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