

(1) PLACE OF BIRTH  
County of **Chesterfield**  
Township of **Pageland**  
OR  
Inc. Town of  
OR  
City of

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Registrar Only  
**23983**

Registration District No. **1206** Registered No. **97**  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **John D. Keziah** If child is not yet named, make supplemental report as directed

(3) ☒ BOY or ☐ GIRL ☒ Twin ☐ Single ☐ Number in order of birth **I** ☐ Are Parents Married ☒ Yes ☐ No DATE OF BIRTH **Aug. 29, 1923**  
(Name of Child) (Day) (Year)

FATHER.  
(4) FULL NAME **Dock Keziah**  
(5) PRESENT POSTOFFICE OF FATHER **Pageland S.C.**  
(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **38**  
(Year)  
(12) BIRTHPLACE **S.C.**  
(13) OCCUPATION **Sawyer**  
(20) Number of children born to mother, including present birth **13**

MOTHER.  
(14) NAME BEFORE MARRIAGE **Lillian Keziah**  
(16) PRESENT POSTOFFICE OF MOTHER **Pageland S.C.**  
(18) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **38**  
(Year)  
(15) BIRTHPLACE **S.C.**  
(19) OCCUPATION **Housewife**  
(21) Number of children of this mother now living, including present birth **11**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
(22) I hereby certify that I attended the birth of this child, who was **born alive** at **4** P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Lillian Keziah**  
(24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Pageland 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 **11/13/23** (28) **John D. Keziah** 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 desired of stillbirths before the fifth month of pregnancy.

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