

(1) PLACE OF BIRTH

County of Adams
 Township of Myrtle
 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
22030

Registration District No. 7-1-24 Registered No. 70
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. of St. Ward)

(2) Full Name of Child L. B. Jefferson Keard
 (If child is not yet named, make report as directed)

(a) SEX ON BIRTH <u>Boy</u>	(b) Type of Birth <u>Normal</u>	(c) Number of Births <u>1</u>	(d) Date of Birth <u>July 28, 1923</u>
(e) FULL NAME OF FATHER <u>Ferry Harrison</u>		(f) NAME BEFORE MARRIAGE <u>Mattie Kishes</u>	
(g) PRESENT RESIDENCE OF FATHER <u>Wichalla 2</u>		(h) PRESENT RESIDENCE OF MOTHER <u>Wichalla 2</u>	
(i) COLOR OF FATHER <u>White</u>	(j) AGE AT LAST BIRTHDAY <u>40</u>	(k) COLOR OF MOTHER <u>White</u>	(l) AGE AT LAST BIRTHDAY <u>35</u>
(m) BIRTHDAY OF FATHER <u>Adams</u>	(n) BIRTHDAY OF MOTHER <u>Adams</u>	(o) OCCUPATION <u>Housewife</u>	
(p) Number of children born to mother, including present birth <u>3</u>		(q) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White (Give also sex of child) (M., F., or P. M.)
 on the date above stated.

(23) (Signature)
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Wichalla

Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question 22 is signed "mailed")

(27) Filed July 28, 1923 (28) 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.