

(1) PLACE OF BIRTH

County of Charlottesville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30736

Township of .....

Inc. Town of .....

Registration District No. 1.3.2Registered No. 27

(For use of Local Registrar)

City of Charlottesville

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

(2) Full Name of Child Walter T. McKeithan

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? -(5) Number in order of birth 1(6) Are Parents Married Yes(7) DATE OF BIRTH Feb. 26

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter T. McKeithan(9) PRESENT POSTOFFICE OF FATHER Charlottesville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(15) NAME BEFORE MARRIAGE Catherine Birt(16) PRESENT POSTOFFICE OF MOTHER Charlottesville(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 29

(Years)

(19) BIRTHPLACE S.C.(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 born at 5-4 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charlottesville

Given name added from a supplemental report

(26) Witness

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

(27) Date Jan 9 1911

(28)

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.

Before the fifth month of pregnancy.

L. 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 1.

Bureau of Columbia