

## (1) PLACE OF BIRTH

County of QuakerTownship of Sula Path

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 397Registered No. 186  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

## (2) Full Name of Child

Sarah Mae Keasler

If child is not yet named, make appropriate report as soon as named.

(3) BOY OR GIRL Girl(4) Type of Twin X(5) Number in order of birth X(6) Sex Yes

DATE OF BIRTH

Nov 3 1923

## FATHER

(7) FULL NAME Joseph Keasler(8) PRESENT RESIDENCE OF FATHER Sula Path(9) COLOR OR RACE White

(10) AGE AT LAST BIRTHDAY

21(11) BIRTHPLACE Mississippi(12) OCCUPATION Miner

## MOTHER

(13) NAME BEFORE MARRIAGE Josephine Keasler(14) PRESENT RESIDENCE OF MOTHER Sula Path(15) COLOR OR RACE White

(16) AGE AT LAST BIRTHDAY

19(17) BIRTHPLACE Georgia(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. at 12:20 P.M.(21) (Signature) D. B. Williams M.D.

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(25) Signed Nov. 20, 1923 (26) Jerine Williams

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 stillbirths before the fifth month of pregnancy.

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