

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

or
Inc. Town ofor
City of Georgetown

(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

38398

Registration District No. 21-ARegistered No. 93
(For use of Local Registrar)(No. 405 Leharck St.; Ward)

(2) Full Name of Child

Louis Keith

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 29, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Louis Keith

(9) PRESENT POSTOFFICE OF FATHER

Georgetown, S. C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

45 yr
(Years)

(12) BIRTHPLACE

Georgetown

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Pyatt

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Georgetown

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Myers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 19 22 (28) Mrs R. F. King 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.