

(1) PLACE OF BIRTH

County of Anderson
Township of Martin
or
Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only
12852

Registration District No. 307 Registered No. 15
(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 Theresa Marion Keaton If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD girl (4) Twin or Triplet
(5) Number in order of birth
(6) Are Parents Married yes (7) DATE OF BIRTH May 9 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Keaton
(9) PRESENT POSTOFFICE OF FATHER Ova, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Year)
(12) BIRTHPLACE Anderson Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Key
(15) PRESENT POSTOFFICE OF MOTHER Ova, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Year)
(18) BIRTHPLACE Anderson Co
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) J. C. McInnis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) File June 20 1923 (28) J. C. Robinson 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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W. W. (Cub) #4