Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
12883

(1) PLACE OF BIRTH

County of Anderson

Township of Savannah
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 311 Registered No. 31
(For use of Local Registrar)

(2) Full Name of Child Clifford Keys

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 2nd

(6) Alive? yes

(7) DATE OF BIRTH May 19 1929 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Stewart Keys

(9) PRESENT POSTOFFICE OF FATHER Starr S.C.

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Anderson Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Moore

(15) PRESENT POSTOFFICE OF MOTHER Starr S.C.

(16) COLOR OR RACE Col.

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Abbeville Co.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Fannie Shiflet

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Starr S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed June 9 1929 (28) Margie Todd
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.