

Form No. 1.

(1) PLACE OF BIRTH

County of Aiken

Township of Sleepy Hollow

or  
Inc. Town of

or  
City of

(2) Full Name of Child Selma Lee Key

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71133

Registration District No. 212 Registered No. 68

(For use of Local Registrar)

St.; \_\_\_\_\_ Ward

(No. \_\_\_\_\_) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 3  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 26, 1916  
(Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME Andrew Key

(9) PRESENT POSTOFFICE OF FATHER Hawthorne

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Aiken Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

#### MOTHER.

(14) NAME BEFORE MARRIAGE Hartense Bogel

(15) PRESENT POSTOFFICE OF MOTHER Hawthorne

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Aiken Co

(19) OCCUPATION farmer wife

(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 \_\_\_\_\_ M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Francis S. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Jackson, S. C.

Given name added from a supplemental report

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

(27) Filed 9/2, 1916. (28) W. J. Embarras 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 mo.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. NAME—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 8. McCLAY, of Columbia.

K. O. D. A. K. S. A. F. E. T. E.