

By Adoption

1. PLACE OF BIRTH

County of Pickens

Township of _____

or
Inc. Town of _____City of Easley, South Carolina (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 37-a Registered No. _____
(For use of Local Registrar)

FILE No.—For State Registrar Only

2252-a2. FULL NAME OF CHILD. James Donald Keefe (If child is not yet named, make supplemental report as directed.)1. Boy or Girl Boy 2. Plural births _____ 3. Twins, triplets or other _____ 4. Premature _____ 5. Are Parents married? Yes 6. Date of birth January 6, 1922
(Month, day, year)7. Father (Adopted) Roland Ellison Keefe 8. Mother (Adopted) Fannia Belle McRae
Full name9. Residence (mailing address) Nashville, R. F. D., Georgia 10. Residence (mailing address) Nashville, R. F. D., Georgia
(If non-resident, give place and State)11. Color or race White 12. Age at child's birth 67 (years) 13. Color or race White 14. Age at child's birth 58 (years)15. Birthplace (city or place) Florida 16. Birthplace (city or place) Valdosta, Georgia
(State or country)17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Turpentine operator 18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

21. Date (month and year) last engaged in this work August 1942 22. Date (month and year) last engaged in this work August 194223. Total time (years) spent in this work 43 24. Total time (years) spent in this work 3825. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn _____

26. If stillborn, months _____ weeks _____ 27. Cause of stillbirth _____

28. Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date (Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____ (Specify)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report _____ (Date of)

Signed Roland E. Keefe Father.
Fannia B. Keefe Mother.Address _____
Filed Aug. 26, 1942 M.B. Woodward, M.D.

Registrar.

Registrar.