

(1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburg

or

Inc. Town of

or

City of Spartanburg

(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

32150

Registration District No. 40-a Registered No. 4046

(For use of Local Registrar)

City of Spartanburg (Not St.; Ward)(2) Full Name of Child Helen Glennie Keese If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 29, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Glennie Harold Keese(9) PRESENT POSTOFFICE OF FATHER 156 Kennedy St. Spartanburg, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE Sou. Car.(13) OCCUPATION Salesman(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Pauline Wilson(15) PRESENT POSTOFFICE OF MOTHER 156 Kennedy St. Spartanburg, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE Spartanburg, S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. C. Bennett, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10-1-22 (28) Jas. Copes 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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1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

2. MEANS OF COMMUNICATION, COLUMBIA, S. C.