

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

283230

Registration District No. 2018

Registered No.

(For use of Local Registrar)

St.;

Ward)

On birth occurs in hospital or other institution, give name of same instead of street and number)

1. FULL NAME OF CHILD

Therman Jackson Keph

2. If child not yet named, make report as directed.

3. Sex

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

MOTHER

8. FULL NAME

Andrew Jackson Keph

10. NAME BEFORE MARRIAGE

Rebecca Lively

9. PRESENT POSTOFFICE OF FATHER

Springway

11. PRESENT POSTOFFICE OF MOTHER

Springway

12. COLOR OR RACE

White

13. COLOR OR RACE

White

14. BIRTHPLACE

Springway

15. BIRTHPLACE

Springway

16. OCCUPATION

Therman

17. OCCUPATION

House wife

18. Number of children born to mother, including present birth

3

19. Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

20. I hereby certify that I attended the birth of this child, who was on the date above stated.

(Born alive or stillborn)

(Hour A.M. or P.M.)

23. Signature

Andrew Jackson Keph, Father

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26.

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

27. Filed

16

1936

M. B. Woodward

Local Registrar

When there was an attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.