

(1) PLACE OF BIRTH

County of UnionTownship of Unionor Inc. Town of Unionor City of Union

(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

50628

Registration District No. 42-A Registered No. 93

(For use of Local Registrar)

(No. 53 S. Mountain St.; 7 Ward)

(2) Full Name of Child

Geo. T. Keller

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

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

Geo. T. Keller

(9) PRESENT POSTOFFICE OF FATHER

Union, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37 (Years)

(12) BIRTHPLACE

Orangeburg Co. S.C.

(13) OCCUPATION

Druggist

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

3

(14) NAME BEFORE MARRIAGE

Mabel L. Sallee

(15) PRESENT POSTOFFICE OF MOTHER

Union, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37 (Years)

(18) BIRTHPLACE

Orangeburg Co. S.C.

(19) OCCUPATION

Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Dr. R. R. R. R.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Union, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 25, 1916 (28) S. G. Sarratt Local Registrar

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.

Fifth month of pregnancy.

FORM NO. 2. MAINTAIN SEPARATE THIS FILED BIRTH RECORDS. THIS IS A PERMANENT RECORD. THE WRITING PLAINLY. WITH UNFADING INK. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE M.B.—In case of TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, IN QUESTION 8, FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC.