

(1) PLACE OF BIRTH

County of ColletonTownship of Beaufortor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

26867

Registration District No. Registered No. 52
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child George Henry Key Jr. (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 4, 1923
(Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME George Henry Key (14) NAME BEFORE MARRIAGE Ellie Louie Hattie(9) PRESENT POSTOFFICE OF FATHER 2nd St. Columbia (15) PRESENT POSTOFFICE OF MOTHER R. F. H. Coates(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years) (Years)(12) BIRTHPLACE Columbia S.C. (18) BIRTHPLACE Columbia S.C.(13) OCCUPATION Farmer (19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at E. A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. A. Coates

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

Given name added from a supplemental report

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

(27) Filed Sept 15, 1923 (28) F. H. Coates
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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