

## (1) PLACE OF BIRTH

County of ChesterTownship of Blackstock

Inc. Town of .....

City of .....

(2) Full Name of Child Albert Wallace M. Keown

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18070

Registration District No. 119.1 Registered No. 216

(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.)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Bo</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 16, 1922</u>
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)	

## FATHER.

(8) FULL NAME Ed. M. Keown(9) PRESENT POSTOFFICE OF FATHER Blackstock, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years) -(12) BIRTHPLACE Chester Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Janie M. Walters(15) PRESENT POSTOFFICE OF MOTHER Blackstock, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years) -(18) BIRTHPLACE Chester Co.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Wallace(24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Chester 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 6/25/22 (28) 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.

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