

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston
Township of Carr's House

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

17210

Inc. Town of Registration District No. 1203 Registered No. 79
(For use of Local Registrar)
City of (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 { If child is not yet named, make supplemental report as directed

BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 24 1923
(Name of Month) (Day) (Year)

FATHER.
FULL NAME Linclair Keller

MOTHER.
(14) NAME BEFORE MARRIAGE Maggie J. Allen

PRESENT POSTOFFICE OF FATHER Charleston S.C.

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)

(16) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 30
(Years)

BIRTHPLACE Charleston S.C.

(18) BIRTHPLACE Charleston S.C.

OCCUPATION Farming

(19) OCCUPATION housewife

Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

3) I hereby certify that I attended the birth of this child, who was born at 726 R.M., on the date above stated. (Hospital or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

When name added from a supplemental report

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

(27) Filed July 7 1923 (28) M. S. Watson 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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