

Form No. 1

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

File No.—For State Registrar Only  
**90895**

(1) PLACE OF BIRTH

County of MarionTownship of Reamsor  
Inc. Town ofor  
City ofRegistration District No. 3205 Registered No. 347  
 (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. "Died. Unnamed" If child is not yet named, make supplemental report as directed

(3) <del>Is</del> GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE BIRTH <u>Dec. 6</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**(8) FULL NAME McKeithan, Page(9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Marion Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 13**MOTHER.**(14) NAME BEFORE MARRIAGE Flora Bethea(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Marion Co.(19) OCCUPATION Housewife(20) 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 Amelia at 12:30 A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna X. Powell(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Mullins, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness P. Regan  
 (Signature of Witness necessary only when question 23 is signed by mother)(27) Filed 12/6 1916 (28) J. P. Regan 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.