

(1) PLACE OF BIRTH

County of Charleston  
Township of .....

**CERTIFICATE OF BIRTH**

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

File No. — For State Registrar Only

84642

Inc. Town of Charleston  
or  
City of .....

Registration District No. 9A Registered No. 1262  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
No. 159 Keith St.; Keith Ward

(2) Full Name of Child Infant of Mrs. Mildred Hayden If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boys (4) Twin or Triplet? X (5) Number in order of birth X 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 12, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Geo. J. Keith  
(9) PRESENT POSTOFFICE OF FATHER Charleston  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Years)  
(12) BIRTHPLACE Minola Texas  
(13) OCCUPATION Grocerman  
(20) Number of children born to mother, including present birth 9

MOTHER.  
(14) NAME BEFORE MARRIAGE Mildred Hayden  
(15) PRESENT POSTOFFICE OF MOTHER Charleston  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Savannah Ga.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (at 5:45 (Hour A. M. or P. M.) on the date above stated. (Born alive or stillborn)

(23) (Signature) W. H. ...

(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Keith Hospital

Given name added from a supplemental report  
101  
Registrar

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

(27) Filed 11/15/16 101 (28) J. Mercer Green, M.D. 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.

Reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.  
Filed Nov. 10/22/16  
Registrar