

Form No. 1.

(1) PLACE OF BIRTH

County of Aurora

Township of Rafferty Creek

or  
Inc. Town of

or  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44807

Registration District No. 41.26

Registered No. 1.01

(For use of Local Registrar)

St.: Ward:

(2) Full Name of Child.

Edward Cato

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 6 1905

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Marian Cato

(9) PRESENT POSTOFFICE OF FATHER

Borden

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

Aurora Co S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

7

## MOTHER.

(14) NAME BEFORE MARRIAGE

Marian Cato

(15) PRESENT POSTOFFICE OF MOTHER

Borden SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Aurora Co S.C.

(19) OCCUPATION

Housewife

(21) 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 born at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. Duncan

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

Midwife Borden SC

Given name added from a supplemental report

191

Registrar

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

N. C. 1915

(27) Filed 1915 (28) 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH FADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia