

(1) PAGE OF NUMBER

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Register Only

11018

County of CalhounTownship of #2In Town of Ridge SpringCity of Ridge SpringRegistration District No. 3201 Registered No. 47

(For use of Local Registrar)

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

(2) Full Name of Child Wayland Henry Cato

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

(3) SEX OR CHILD Boy (4) Type of Triplet? None (5) Number in order of birth 1st (6) Age of Mother 29 (7) DATE OF BIRTH Mar. 23, 23

(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Wayland Cato (14) NAME BEFORE MARRIAGE Annie Durham(9) PRESENT RESIDENCE OF FATHER Ridge Spring (15) PRESENT RESIDENCE OF MOTHER Ridge Spring(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31(12) BIRTHPLACE Ridge Spring (18) BIRTHPLACE Harry Co.(13) OCCUPATION Housewife (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (23) (Signature) D. D. Smith (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Ridge Spring

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date May 14, 1923 (28) Mrs. J. L. Branch 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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