

## (1) PLACE OF BIRTH

County of Lowndes

Township of .....

Inc. Town of .....

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

No. for State Registrar Only

5344

Registration District No. .... Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child William E. Kather If child is not yet named, make supplemental report as directed

|                             |                     |                              |                           |   |
|-----------------------------|---------------------|------------------------------|---------------------------|---|
| (1) SEX OR GAYL <u>Male</u> | (2) Twin or Triplet | (3) Number in order of birth | (4) Age of child at birth | (5) DATE OF BIRTH <u>Feb 27, 1923</u><br>(Name of Month) (Day) (Year) |
|-----------------------------|---------------------|------------------------------|---------------------------|---|

| FATHER   |   | MOTHER   |  |
|--|---|--|--|
| (6) FULL NAME <u>Wm. E. Kather</u>                                       | (14) NAME BEFORE MARRIAGE <u>Lila M. Lee</u>  | (16) PRESENT POSTOFFICE OF FATHER <u>R. 2. Smith</u> | (18) PRESENT POSTOFFICE OF MOTHER <u>R. 2. Smith</u> |
| (10) COLOR OR RACE <u>White</u>  | (11) AGE AT LAST BIRTHDAY <u>64</u><br>(Year)                                       | (16) COLOR OR RACE <u>White</u>                      | (17) AGE AT LAST BIRTHDAY <u>30</u><br>(Year)        |
| (12) BIRTHPLACE <u>Smith Co.</u>   | (18) BIRTHPLACE <u>Smith Co.</u>  | (19) OCCUPATION <u>Farmer</u>                        | (20) OCCUPATION <u>Farmer</u>                        |
| (21) Number of children born to mother, including present birth <u>2</u> | (22) Number of children of this mother now living, including present birth <u>2</u> |  |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 6:30 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(24) (Signature) R. L. Johnson (25) Address of Physician or Midwife R. 2. Smith

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) Wm. E. Kather(27) Filed 1923 (28) R. L. Johnson 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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