

THIS IS A PERMANENT RECORD. PLEASE USE A SEPARATE BLANK FOR EACH CHILD, AND MARK WITH PENCIL IN OTHER, No. 2, etc., in question 5.

PLACE OF BIRTH  
Sumter  
City of  
Township of  
or  
Town of

# Standard Certificate of Birth

## STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

23 048093

Registration District No. 4108 Registered No. 23 048093  
(For use of Local Registrar)

NAME OF CHILD Acquilla B. Cato, Jr. (No. \_\_\_\_\_ St. \_\_\_\_\_; (If birth occurs in a hospital or other institution, give name of same instead of street and number) Ward) \_\_\_\_\_  
(If child is not yet named, make supplemental report as directed.)

1. Sex Girl 2. If Plural Births X 3. 4. Twin, triplet, or other X 5. Premature \_\_\_\_\_ 6. Full term Yes 7. Legitimate Yes 8. Date of birth Dec. 9, 1923  
(Month, day, year)

FATHER  
Acquilla B. Cato  
Residence (usual place of abode) Sumter, S.C.  
(If non-resident, give place and State)  
Color or race White  
Age at last birthday 35 (Years)  
Place (city or place) Aiken Co., S.C.  
(State or country)  
Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic  
Industry or business in which work was done, as silk mill, sawmill, bank, etc. X  
Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

MOTHER  
Bertha E. Prescott  
Residence (usual place of abode) Sumter, S.C.  
(If non-resident, give place and State)  
Color or race white Age at last birthday 18 (Years)  
Birthplace (city or place) St. Charles, S.C.  
(State or country)  
Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. X  
Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
Total time (years) spent in this work \_\_\_\_\_

Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn \_\_\_\_\_  
At time of this birth and including this child  
Stillborn, \_\_\_\_\_ (months) \_\_\_\_\_ (weeks) 29. Cause of stillbirth \_\_\_\_\_  
Period of gestation \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6.00 a.m. on the date above stated.  
(Born alive or stillborn)  
(Signed) \_\_\_\_\_, M. D.  
or \_\_\_\_\_, Midwife  
Address Rte 2, Sumter, S.C.  
Filed Aug. 15, 1934 Carl B. Epps  
Registrar

*This was not filed previously so far as I can find. Carl B. Epps, registrar.*