

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....or  
City of Anderson

(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

20834

Registration District No. 3ARegistered No. 263-

(For use of Local Registrar)

(2) Full Name of Child Katy Gertrude Loueace If child is not yet named, make supplemental report as directed3 - BOY OR GIRL? X

4 Twin or Triplet?

5 Number in order of birth  
To be answered only in case of Twins or Triplets6 Are Parents Married? yes7 DATE OF BIRTH July 18, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Henry W. Loueace9 PRESENT POSTOFFICE OF FATHER Anderson S.C.10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 26  
(Years)12 BIRTHPLACE Anderson S.C.13 OCCUPATION Tile -20 Number of children born to mother, including present birth 1

## MOTHER.

14 NAME BEFORE MARRIAGE Marie Heitz15 PRESENT POSTOFFICE OF MOTHER Anderson S.C.16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 24  
(Years)18 BIRTHPLACE Nieterberg Cöblenz Germany19 OCCUPATION domestic21 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 alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. C. Cullen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed ..... 19 ..... (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.

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