

(1) PLACE OF BIRTH

County of

Township of

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

Registration District No.

File No.—For State Registrar Only

30043

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Catherine Moffett

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Moffett

(9) PRESENT POSTOFFICE OF FATHER

McCormick A. D.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

22

(12) BIRTHPLACE

Saluda county

(13) OCCUPATION

Sawmill worker

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Salter

(15) PRESENT POSTOFFICE OF MOTHER

McCormick A. D.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28

(18) BIRTHPLACE

North Carolina

(19) OCCUPATION

House keeper

(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... at... on the date above stated.

(23) (Signature)

Edna Dittus

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

McCormick A. D.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept. 22, 1922

(28)

J. D. Hughes

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.