

(1) PLACE OF BIRTH

County of Florence
 Township of W. C. Hillman
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for this Register only
13947

Registration District No. 2. 1. 1. Registered No. 3. 2.
 (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 Joe Kato Jr If child is not yet named, make supplemental report as directed

(3) SEX OR GOLF boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Jan. 27, 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Joe Kato</u>	(10) NAME BEFORE MARRIAGE <u>Mattie Ganger</u>	(12) PRESENT RESIDENCE OF FATHER <u>Florence S.C.</u>	(14) PRESENT RESIDENCE OF MOTHER <u>Florence S.C.</u>
(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(18) COLOR OR RACE <u>Negro</u>	(19) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(15) BIRTHPLACE <u>S.C.</u>	(16) BIRTHPLACE <u>S.C.</u>	(15) OCCUPATION <u>Farming</u>	(16) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 3. 24 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Johann Thomas
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

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

(27) Filed (28) W. F. W. Smith (29) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirth before the fifth month of pregnancy.

WRITES PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MARK ON FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Register of Births, Deaths, and Marriages, Form No. 1, 1923.