

## (1) PLACE OF BIRTH

County of Marlboro  
 Township of Bennettsville  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39399

Registration District No. 3301Registered No. 166  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Andrew P. Catches (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 11 22 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ernest P. Catches  
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C. R.F.  
 (10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE S.C. Cal  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Sandra Young  
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C. R.F.  
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE S.C. Cal  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Female at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bennettsville

Given name added from a supplemental report:

(26) Witness

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

(27) Filed Dec 5 1922

(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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