Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
48466

(1) PLACE OF BIRTH
County of Cherokee
Township of Draytonville
or
Inc. Town of ..... Registration District No. 1004 Registered No. 7
(For use of Local Registrar)
or
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. Kathleen Proctor. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Feb. 16, 1916

FATHER.

(8) FULL NAME Leander Proctor
(9) PRESENT POSTOFFICE OF FATHER Pacolet S.C. R#1
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Cherokee Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Northey
(15) PRESENT POSTOFFICE OF MOTHER Pacolet S.C. R#1
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Cherokee Co.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8.05 P. M., on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Catherine Norris
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Pacolet S.C. R#1

Given name added from a supplemental report ....., 191....
.....
Registrar

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

(27) Filed Feb. 16, 1916 (28) C. C. Green
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.

Copy of Columbia.

PENALTY FOR WILFULLY MAKING A FALSE RECORD, OR REFUSING OR NEGLECTING TO MAKE A RECORD, OR REFUSING OR NEGLECTING TO PERFORM ANY OTHER DUTY IMPOSED BY THE PROVISIONS OF THE ACT TO WHICH THIS IS AMENDATORY, OR VIOLATING ANY REASONABLE RULE OR REGULATION MADE BY THE STATE BOARD OF HEALTH FOR THE EFFECTUATION OF THE PURPOSES OF SAID ACT, IS A FINE OF NOT LESS THAN TEN NOR MORE THAN ONE HUNDRED DOLLARS FOR EACH OFFENSE. (SEE SECTION 14, ACT NO. 295, APPROVED MARCH 4, 1915.)