

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster
 Township of Middleton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43000

Registration District No. 4103Registered No. 80
(For use of Local Registrar)

(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

Catherine Louche

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

3) BOY OR GIRL girl

4) Twin or Triplet

5) Number in order of birth

6) Are Parents Married Yes

7) DATE OF

BIRTH

June 4, 1933
(Month of Month) (Day) (Year)

FATHER.

8) FULL NAME

Harry Louche

9) PRESENT POSTOFFICE OF FATHER

Middleton

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

(Years)

20

12) BIRTHPLACE

13) OCCUPATION

Housewife

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

1

MOTHER.

14) NAME BEFORE MARRIAGE

Everly Wilbourn

15) PRESENT POSTOFFICE OF MOTHER

Middleton

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

(Years)

20

18) BIRTHPLACE

19) OCCUPATION

Housewife

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 born at 7 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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 4, 1933

(28)

M. L. [Signature]
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.