

(1) PLACE OF BIRTH

County of GreenvilleTownship of Oak Lawn

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

File No.—For State Registrar Only

22424

Registration District No. 7.2.12 Registered No. 44
(For use of Local Registrar)

City of (No. St.: Ward)

(2) Full Name of Child Annice May Matheson Cassatt If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? no (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH June 17, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter E. Cassatt(9) PRESENT POSTOFFICE OF FATHER Tony Creek(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Greenville Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 6 }

MOTHER.

(14) NAME BEFORE MARRIAGE Annice Matheson(15) PRESENT POSTOFFICE OF MOTHER Tony Creek(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION Home Wife(21) Number of children of this mother now living, including present birth { 6 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) J. T. Shuler

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician New Path, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed July 1912 (28) W. A. Burt 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.

Registrar Local Registrar

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. W. of Columbia.