

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

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

By Court Order dated 7/12/75.

(1) PLACE OF BIRTH

* Chesterfield

CERTIFICATE OF BIRTH

County of Jefferson STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46600

Township of Buffalo

or

Inc. Town of

or

City of

Registration District No. 2700Registered No. 4

(For use of Local Registrar)

City of Echel Lee Catoe 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 Sallie Catoe

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

To be answered only in event of Twin or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

Dryant Catoe

(9) PRESENT POSTOFFICE OF FATHER

Jefferson Co

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

Jefferson Co SC

(13) OCCUPATION

Turner

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

4

(14) NAME BEFORE MARRIAGE

Ethel Knight

(15) PRESENT POSTOFFICE OF MOTHER

Jefferson Co

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

Lancaster Co SC

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at U. R. 714 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. H. McCall(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

C.O. # 8650Filed 7-31-75 Home

Registrar

(26) Witness

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

(27) Filed June 10 1916(28) W. H. McCall

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.