

Form No. 10. MARGIN RESERVED FOR INDEXING. WITH INDEXING INK—THIS IS A PERMANENT RECORD. WRITE PLAINLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE

(1) PLACE OF BIRTH

County of York

Township of Bethesda

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

45028

Registration District No. 4-7-21 Registered No. 120

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Wesley Clark Cathcart

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? No

(7) DATE OF BIRTH Dec. 20 1915  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bossy Hope

(9) PRESENT POSTOFFICE OF FATHER Guthrieville

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE D.C.

(13) OCCUPATION Labour

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Cathcart

(15) PRESENT POSTOFFICE OF MOTHER Guthrieville

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY (Years) 19

(18) BIRTHPLACE D.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. J. S. Humphreys

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Guthrieville

Given name added from a supplemental report

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Registrar

(26) Witness J. H. Love  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 5 1916

(28) J. H. Love 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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