

(1) PLACE OF BIRTH

County of Hyatt  
Township of Bayboro  
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

42942

Registration District No. 2500 Registered No. 90  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Kathleen 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 Sept 8 1922  
(Name, Month, Day) (Year)

FATHER. MOTHER.  
(8) FULL NAME Steve A. Gore (14) NAME BEFORE MARRIAGE Katie Doyle  
(9) PRESENT POSTOFFICE OF FATHER Allstons B.C. Rd. (15) PRESENT POSTOFFICE OF MOTHER Allstons B.C. Rd.  
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 9 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(12) BIRTHPLACE Hyatt Co. S.C. (18) BIRTHPLACE Hyatt County Se.  
(13) OCCUPATION Farming (19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth 4 (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 alive at 4:30 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Thomas (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hyatt Co. S.C.

Given name added from a supplemental report

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

(27) Filed Jan 11 1923 (28) J. E. Bell 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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