

## (1) PLACE OF BIRTH

County of Richland

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
5059

Township of .....

Inc. Town of .....  
or  
City of Columbia S.C.Registration District No. 38th Registered No. 147(No. Baptist Hospital) (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 Betsy Beane Cathey If child is not yet named, make supplemental report as directed

(3) SEX GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>2.</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 16, 1929</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER	
(8) FULL NAME <u>Tracy Gibrath Cathey</u>			(14) NAME BEFORE MARRIAGE <u>Mary Elizabeth Pelt</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>1019 Pickens St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>1019 Pickens St.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Charlotte N.C.</u>			(18) BIRTHPLACE <u>Bladenboro N.C.</u>	
(13) OCCUPATION <u>Construction Foreman</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>2.</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Born alive ..... 4:45 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carolee E. Owens(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
M.D. 1305 Laurel St.Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Frederick S. 1023 (28) U. J. Sevan  
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.\*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  
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