

Form No. 1

(1) PLACE OF BIRTH

County of LorryTownship of Haydock

Inc. Town of

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

4251

Registration District No. 2508 Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child Katherine Livingston If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 7, 1923</u> (Name of Month) (Day) (Year)
-----------------------------	---	------------------------------	------------------------------------	---

FATHER			MOTHER		
(8) FULL NAME <u>Katherine Livingston</u>	(14) NAME BEFORE MARRIAGE <u>Mary Strickland</u>		(15) PRESENT POST-OFFICE OF FATHER <u>Thurston S.C.</u>	(16) PRESENT POST-OFFICE OF MOTHER <u>Thurston S.C.</u>	
(9) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)		(17) COLOR OR RACE <u>Colored</u>	(18) AGE AT LAST BIRTHDAY <u>17</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>			(19) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(20) OCCUPATION <u>House & feed</u>		
(21) Number of children born to mother, including present birth <u>1</u>			(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 12 noon on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) W. W. Currie(25) State whether Physician or Midwife (26) Address of Physician or Midwife 11 Bayboro S.C.

Given name added from a supplemental report

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

(28) Filed Jan. 18, 1924 (29) E. E. Williamson 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.

Binding of Columns. Columns. 8 C.
 PREVIOUSLY, No. 1. THE OTHER, No. 2, etc., in question 1.