

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Indian

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 603B

File No.—For State Registrar Only

2965

Registered No. 11

(For use of Local Registrar)

(No. 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 Kathleen Moultrie

If child is not yet named, make supplemental report as directed

(3) SEX Female (4) Type of Birth Normal (5) Number in order of birth 2 (6) Age of mother 24 (7) DATE OF BIRTH Feb 25 1923
 To be inserted only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Lee Moultrie(9) PRESENT POSTOFFICE OF FATHER Yemassee S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Beaufort S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Lucy M. Paul(16) PRESENT POSTOFFICE OF MOTHER Yemassee(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 28 (Year)(19) BIRTHPLACE Beaufort S.C.(20) OCCUPATION House work(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 born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline M. Paul

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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

(27) Filled (28) (29)

When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.