

## (1) PLACE OF BIRTH

County Lenoir

Township of .....

Inc. Town of .....

City of Lenoir

(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

28445

Registration District No. 22aRegistered No. 460

(For use of Local Registrar)

(No. 103)

(Ward)

(2) Full Name Catherine Anne Cornett

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

(3) BOY OR GIRL 7

(4) Twin or Triplet

(5) Number in order of birth

(6) Age at birth

(7) DATE OF BIRTH

Sept 12 23

(Name of Month) (Day) (Year)

## FATHER.

Full Name Robert Gussie Cornett(8) RESIDENCE Lenoir S. C.(9) COLOR OR RACE W.(10) AGE AT LAST BIRTHDAY 25

(Year)

(11) BIRTHPLACE

Lenoir S. C.

(12) OCCUPATION

Mechanic

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

2

## MOTHER.

Full Name Robert Gussie Cornett(14) RESIDENCE Lenoir S. C.(15) COLOR OR RACE W.(16) AGE AT LAST BIRTHDAY 22

(Year)

(17) BIRTHPLACE

Rock Hill S. C.

(18) OCCUPATION

House wife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(21) (Signature) Dr. M. G. Gussie

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed Sept 15 1923(26) Local Registrar(27) 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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