

S K O D A K S

(1) PLACE OF BIRTH
 County of Greenville
 Township of _____
 or
 Inc. Town of Poc Mill
 or
 City of _____ (No. 62 Church St. St.; _____ Ward)
 (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
85831

Registration District No. 2209 Registered No. 548
 (For use of Local Registrar)

(2) Full Name of Child Catherine Geneva Part 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 Parent Married? Yes (7) DATE OF BIRTH Nov 13 1914
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Fredrick Russ Part
 (9) PRESENT POSTOFFICE OF FATHER Greenville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Marion Co.
 (13) OCCUPATION Mill work
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Bertha Rodgers
 (15) PRESENT POSTOFFICE OF MOTHER Greenville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Darlington Co.
 (19) OCCUPATION Housewife
 (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 alive, at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report
Sept 14 1914
[Signature] Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 3 6 1914 (28) [Signature] 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCaw of Columbia.

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