

MARGIN RESERVED FOR BINDING.

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.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

982

Registration District No. 13302

Registered No. 8
(For use of Local Registrar)

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

Catherine Petersen

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

(3) SEX
Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 23 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Brooks Petersen

(9) PRESENT POSTOFFICE OF FATHER

Hartsville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE

Spencer Hill

(13) OCCUPATION

Chief Mason

MOTHER.

(14) NAME BEFORE MARRIAGE

Leah Petersen

(15) PRESENT POSTOFFICE OF MOTHER

Hartsville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE

Spencer Hill

(19) OCCUPATION

Domestic

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

9

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive... at 10:20 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Leah Petersen

(24) State whether Physician or Midwife, and Address of Physician or Midwife

Midwife, Hartsville

Given name added from a supplemental report

(25) Witness

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

(27) Filed

July 3 1922

(28)

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.

When once, it must not be reported as stillborn; father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillbirths before the fifth month of pregnancy.

If a child breathes even once, before the fifth month of pregnancy.

this return. births