

WHITE 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.

McGraw-Hill, Columbia, S.C.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of				STATE OF SOUTH CAROLINA		20073	
Township of				Bureau of Vital Statistics		Registered No. 365	
or				State Board of Health		(For use of Local Registrar)	
Inc. Town of				Registration District No. 40-a			
or							
City of ...Spartanburg, S.C..				(No. County Hospital...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				If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? F	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH			
				Mar 9 19 22, 19...			
				(Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME John C. Cathcart				(14) NAME BEFORE MARRIAGE Lillian Whiseman			
(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.				(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.			
(10) COLOR OR RACE W		(11) AGE AT LAST BIRTHDAY 32 (Years)		(16) COLOR OR RACE W		(17) AGE AT LAST BIRTHDAY 21 (Years)	
(12) BIRTHPLACE S.C.				(18) BIRTHPLACE S.C.			
(13) OCCUPATION Book keeper				(19) OCCUPATION Domestic			
(20) Number of children born to mother, including present birth {.....}				(21) Number of children of this mother now living, including present birth {.....}			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>705 A.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>W. A. Wallace, M.D.</u>				(25) Address of Physician or Midwife			
(24) State whether Physician or Midwife							
Given name added from a supplemental report				(26) Witness			
.....				(Signature of Witness necessary only when question 23 is signed by mark)			
....., 19				(27) Filed <u>7-1-19 22</u> (28) <u>Jas Copes</u> Local Registrar.			
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.

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.