

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

(3) BOY OR
GIRL?

M

(4) Twin
or Triplet? C

To be answered only in case of twins or triplets

(5) Number in
order of birth C(6) Are
Parents
Married? Yes

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

3) FULL
NAMEM^{rs} L. Cator(8) PRESENT
POSTOFFICE
OF FATHER(9) COLOR
OF
FACE

White

(10) BIRTHPLACE

Kershaw Co S.C.

(11) OCCUPATION

Farmer

(12) Number of children born to
father, including present birth

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(13) I hereby certify that I attended the birth of this child, who was L. Cator at 5-P M.
on the date above stated. (Born alive or stillborn?) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report:

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Signed

M. C. Nelson

Registrar

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this report. If
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
5th month of pregnancy.If there was no attending physician or midwife, then the father, householder, etc., should make this report. If
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
before the 5th month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11723

Registration District No. 2503

Registered No. 36

(For use of Local Registrar)

St.; Ward)

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