

(1) PLACE OF BIRTH

County of LancasterTownship of Lancasteror
Inc. Town of LancasterCity of Lancaster

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

1705

Registered No. 4
(For use of Local Registrar)(2) Full Name of Child Fred Lee Caution

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 29a (6) Age Parents Married Yes (7) DATE OF BIRTH Jan 4 1932
(Specify Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Fred Caution</u>	(14) NAME BEFORE MARRIAGE	<u>Flora Hood</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Lancaster, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Lancaster, SC</u>
(10) COLOR OR RACE	<u>Colord</u>	(16) COLOR OR RACE	<u>Colord</u>
(11) AGE AT LAST BIRTHDAY	<u>25</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>23</u> (Years)
(12) BIRTHPLACE	<u>Lancaster SC</u>	(18) BIRTHPLACE	<u>Lancaster SC</u>
(13) OCCUPATION	<u>Cotton Hand</u>	(19) OCCUPATION	<u>House Keeper</u>
(20) Number of children born to mother, including present birth	<u>4</u>	(21) Number of children of this mother now living, including present birth	<u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Mary J. Witherspoon
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Lancaster, SC

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed "Mark")
.....	(27) Filed <u>1-5</u> (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.

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