

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Cawdon  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

88641

Registration District No. 801 Registered No. 118  
 (For use of Local Registrar)

City of ..... (No. .... 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 Cathy May Perkins (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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 21, 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME W. A. Perkins

(9) PRESENT POSTOFFICE OF FATHER W. A.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24  
 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Home hand

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

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lena Perkins

(15) PRESENT POSTOFFICE OF MOTHER W. A.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Home hand

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Perkins  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness M. H. Murphy  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 20, 1916 (28) S. H. Murphy  
 Registrar 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.