

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WHEN ENTERING INFORMATION, 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 8.

(1) PLACE OF BIRTH

County of Anderson
 Township of Fair
 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

20915

Registration District No. 3055 Registered No. 80
 (For use of Local Registrar)

(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 Catharine J. Cole If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? Boy 4. Twin or Triplet? X 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH 7-9-22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 8. FULL NAME Herbert C. Cole
 9. PRESENT POSTOFFICE OF FATHER Townville
 10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 21
 (Years)
 12. BIRTHPLACE SC
 13. OCCUPATION Farmer
 14. Number of children born to mother, including present birth 1

MOTHER.
 14. NAME BEFORE MARRIAGE Birdy Roberts
 15. PRESENT POSTOFFICE OF MOTHER Townville
 16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 18
 (Years)
 18. BIRTHPLACE SC
 19. OCCUPATION Domestic
 20. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness [Signature]
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 8-20-22 (28) J. T. Gallaway
 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.