

Form No. 1.

(1) PLACE OF BIRTH

County of Greenwood
Township of Southline
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

42998

Registration District No. 2205 Registered No. 88
(For use of Local Registrar)

(2) Full Name of Child Jessie Cathers } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28 1905
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Emy Enoch Cathers

(14) NAME BEFORE MARRIAGE Edna Keeley

(9) PRESENT POSTOFFICE OF FATHER 1094 Oak

(15) PRESENT POSTOFFICE OF MOTHER 1094 Oak

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE 1094 Oak S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie Cathers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. S. Cathers (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3 Dec 1905 (28) W. Smith Local Registrar

WRITE 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.
McCaw, of Columbia.

*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.