

(1) PLACE OF BIRTH

County of Upson
 Township of Pulaski
 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

43906

Registration District No. 3503 Registered No. 25
 (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 Sovie Catherine Donald 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 18, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Roy Lee Donald
 (9) PRESENT POSTOFFICE OF FATHER Mt. Rest S.C. R.F.D.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE Oconee County
 (13) OCCUPATION (Formerly) Painter
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Eugenia Selma Davis
 (15) PRESENT POSTOFFICE OF MOTHER Mt. Rest S.C. R.F.D.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
 (Years)
 (18) BIRTHPLACE Oconee County
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherine Moore

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

Mid wifeMt. Rest S.C. R.F.D.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 20, 1922 (28) J. N. Watkins Local Registrar.

*When there was no attending physician or midwife, then the father, household, 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.