

(1) PLACE OF BIRTH

County of DarlingtonTownship of Great Lakes

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only
43686Registration District No. 5, P. 4 Registered No.
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>girl</u>	(4) Type of Triplet To be entered only in case of Triplet	(5) Number in order of birth	(6) Are parents married <u>yes</u>	(7) DATE OF BIRTH <u>Oct 6 1927</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME May Ketch

(9) PRESENT RESIDENCE OF FATHER Columbia, S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Georgia

(13) OCCUPATION Automotive Electrician

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Maggie Blackburn

(16) PRESENT RESIDENCE OF MOTHER Thine S.C.

(17) COLOR OR RACE white

(18) AGE AT LAST BIRTHDAY 18 (Years)

(19) BIRTHPLACE S.C.

(20) OCCUPATION Housewife

(21) 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... born... at... 7 P.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 of Witness necessary only when question 23 is signed by mark)

(27) Filed (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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