

(1) PLACE OF BIRTH

County of AndersonTownship of Mountain

Inc. or 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

File No.—For State Registrar Only

33084

Registration District No. 309Registered No. 79

(For use of Local Registrar)

2) Full Name of Child Kathleen Marie E. Elizabeth Ashley

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

(1) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Ashley

(9) PRESENT POSTOFFICE OF FATHER

Honea Path S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Claudie M. Blair

(15) PRESENT POSTOFFICE OF MOTHER

Honea Path S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(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 white at 11:00 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) E. H. Marshall

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

Honea Path S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

Oct 11 1922

(28)

R. P. Robinson

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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WHITE 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.
McGraw, of Columbia