

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufort

or

Inc. Town of Beaufort

or

City of Beaufort

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 6a

File No.—For State Registrar Only

312

Registered No. 2
(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 Katherine Day

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

(3) SEX OR
GIRL girl(4) Twin
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married yes(7) DATE OF
BIRTH Jan 9 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Walter Carlton Day(9) PRESENT
POSTOFFICE
OF FATHER Beaufort(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 23

(Years)

(12) BIRTHPLACE Lanier, Ga.(13) OCCUPATION Farming(14) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Katherine Johnson(15) PRESENT
POSTOFFICE
OF MOTHER Beaufort(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 19

(Years)

(18) BIRTHPLACE Walterboro, S. C.(19) 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 alive Jan 11 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. G. Oliver

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Beaufort S. C.Given name added from a supplement-
al report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 15 1923 (28) H. H. K. K.19
Registrar
Registrar