

## (1) PLACE OF BIRTH

County of Ivanhille

Township of .....

OR

Inc. Town of Budwick

OR

City of .....

(No. .... St. ....)  
(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

7628

Registration District No. 22 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Mora Lee Ketter

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

(3) BOY 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. 30, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Claud Ketter

(9) PRESENT POSTOFFICE OF FATHER

Cridmont S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Cotton Mill Operator

## MOTHER.

(14) NAME BEFORE MARRIAGE

Willie Campbell

(15) PRESENT POSTOFFICE OF MOTHER

Cridmont S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

15  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

2

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (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 mother)

(27) Filed

Jan 30, 1922

(28)

J. J. Reed

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 needed of stillbirths before the fifth month of pregnancy.