

## (1) PLACE OF BIRTH

County of Spencer  
Township of Roseor  
Inc. Town of  
orCity of (No. St. Ward)  
(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

40295

Registration District No. 2079 Registered No. 161  
(For use of Local Registrar)(2) Full Name of Child Eulene M. Catches If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH 12 18 34  
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Matt M. Catches (14) NAME BEFORE MARRIAGE Fattie Gould(9) PRESENT POSTOFFICE OF FATHER Rose City SC (15) PRESENT POSTOFFICE OF MOTHER Rose City SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE Black (17) AGE AT BIRTHDAY 34  
(Years) (Years)(12) BIRTHPLACE SC (18) BIRTHPLACE SC(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 9 (21) Number of children of this mother now living, including present birth 19

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Rose City SC on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. B. W. Catches (24) State whether Physician or Midwife (25) Address of Physician or Midwife Rose City SC

Given name added from a supplemental report

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

(27) Filed 12/31/34 (28) R. H. Catches 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.