

(1) PLACE OF BIRTH
County of Chesterfield
Township of Pageland
or
Inc. Town of
or
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
45839

Registration District No. 1200 Registered No. 20
(For use of Local Registrar)
St.; Ward)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Not named

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 32 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 29 1911
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Horace Cato
(9) PRESENT POSTOFFICE OF FATHER Pageland SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Chesterfield County
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth Three

MOTHER.
(14) NAME BEFORE MARRIAGE Julia J. Porter
(15) PRESENT POSTOFFICE OF MOTHER Pageland SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Chesterfield County
(19) OCCUPATION House Keeping
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. D. Duncan
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 1911
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled 7/4 1911. (28) W. D. Duncan
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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