

1-26-45

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1-31-45 p

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Cutler</u>		STATE OF SOUTH CAROLINA		00077	
Township of _____		Bureau of Vital Statistics			
or Inc. Town of <u>Monetta, S.C.</u>		State Board of Health		Registration District No. <u>202</u>	
or City of _____		Registered No. _____		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number)		(No. _____ St.; _____ Ward)			
2. FULL NAME OF CHILD <u>Charlie Lou Quattlebaum</u>		If child is not yet named, make supplemental report as directed.			
3. Boy or Girl <u>Girl</u>	If Plural births _____	4. Twin, triplet or other _____	5. Number, in order of birth _____	6. Premature _____	7. Are Parents Married? <u>yes</u>
8. Date of birth <u>7-23</u> 19 <u>46</u>		(Month, day, year)			
9. Full name <u>Charlton Quattlebaum</u> FATHER		18. Name before marriage <u>Sallie Lou Griffin</u> MOTHER			
10. Residence (mailing address) (If non-resident, give place and State) <u>Monetta</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Monetta</u>			
11. Color or race <u>Negro</u>	12. Age at child's birth <u>23</u> (years)	20. Color or race <u>Negro</u>	21. Age at child's birth <u>18</u> (years)		
13. Birthplace (city or place) (State or country) <u>Cutler Co., S.C.</u>		22. Birthplace (city or place) (State or country) <u>Saluda Co., S.C.</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>House Wife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>House Wife</u>			
16. Date (month and year) last engaged in this work <u>1-30-45</u> 19____		17. Total time (years) spent in this work <u>all life</u>		25. Date (month and year) last engaged in this work _____ 19____	
26. Total time (years) spent in this work _____					
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____		Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify to the birth of this child, who was _____ at _____ m. on the date above stated.					
(Born alive or stillborn)					
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)					
(Signed) <u>Sallie Lou Quattlebaum</u> , Parent					
or _____, Guardian					
Given name added from a supplementary report _____ (Date of) _____					
Address _____					
Filed <u>Feb 9</u> 19 <u>46</u> <u>L.A. Riser, M.D.</u>					
Registrar, _____ P					