

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

County of Cutler

Township of _____

or Inc. Town of Monetta, SC

or City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 202

FILE No.—For State Registrar Only

00077

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF

Charlie Lou Quattlebaum If child is not yet named, make supplemental report as directed.

3. Sex or Girl <u>Girl</u>	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., SC</u>			22. Birthplace (city or place) (State or country) <u>Saluda Co., SC</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>1-20-45</u> 19 <u>45</u>			17. Total time (years) spent in this work <u>all life</u>		
25. Date (month and year) last engaged in this work _____ 19 <u>45</u>			26. Total time (years) spent in this work <u>all life</u>		
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.Given name added from
a supplementary report _____

(Date of)

Registrar.

(Signed) Sallie Lou Quattlebaum, Parent
or _____, Guardian

Address _____

Filed Feb 9 1945 L.A. Riser, M.D.

Registrar.

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