

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Dorchester  
Township of Liberty St.  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. 16390 For State Registrar Only

Registration District No. 3705 Registered No. 65  
(For use of Local Registrar)

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

(2) Full Name of Child Catherine Popper

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH 3-16-22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hardy E. Popper  
(9) PRESENT POSTOFFICE OF FATHER Liberty St. 4013  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)  
(12) BIRTHPLACE Pickens Co. S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 11 IX

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Hays  
(15) PRESENT POSTOFFICE OF MOTHER Liberty St. 4013  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)  
(18) BIRTHPLACE Pickens Co. S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 11 IX

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 6 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. L. L. L.  
(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 mark)

(27) Filed June 9, 1922 (28) John T. Boyer 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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